Bond Safeguard INSURANCE COMPANY 900 S. Frontage Road, Suite 250, Woodridge, IL 60517 (630) 495-9380

BOND NO. 15- 311926

INDIANA LICENSE AND/OR PERMIT BOND (ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00

		IS AN INDIANA COL				
That we	BY THESE PRESENTS ON US Huy	S: Fultion of N (Principal Strains of No. 1971)	In Thern In al's Name)	Idana, In 46534	ne. (
as Principal, and	BOND SAFEGUARD	(Principa INSURANCE C	l's Address) OMPANY, an i	nsurance com	pany duly lic	ensed in the
State of Indiana, as	BOND SAFEGUARD s Surety, are held and	firmly bound unto	State of India	mand all citie	s founs and a	unicipalities with
	bbligee, in the aggregat f which sum the said sors and assigns, jointly				oollars (\$ their heirs, &	<u>yoo</u>) ministrators,
In consideration to	hereof, the Principal	is granted a lice	ense and/or p	ermit by the	Obligee to er	gage in the
business of/	Residential and	Commercial	Kemod ling	Construction	ח ט	1
for the period begin	nning on the	125	day of	October		200
and ending on the		12'	day of _	Octo har		2011
THEREFORE: the cand regulations of otherwise to remain 1. This obligation executed but 2. This obligation However, to	condition of this bond is the Obligee pertaining in full force and effect tion may be extended by the Surety; tion may be cancelled his obligation shall rema- rior to the cancellation	that, if said Princi to said license a subject to the fol from year to yea by the Surety u ain in full force and	pal shall comply and/or permit, t lowing condition ar at the optior	y with all of the on this obligations: no of the Surety,	conditions of the tion shall be to be the tion shall be to be the tion of the	on certificate
Dated this	13"	day o	of	ctober	7,6	20/0
Countersigned:	Polins		BOND SAFEG	GUARD INSURA	arpbell	
					NAD INSURY	President
STATE OF ILLINOIS	S) ss	CKNOWLEDGEM (Corporate		TY SONOS	UND INSURANCE COMPANY	#19 CS CA
COMPANY, a corp	y of <u>January</u> i, who acknowledged horation, and that he, a ose therein contained REOF, I have hereunt	s such officer, b l, by signing the	aforesaid office eing authorized name of the	er of BOND.S d to do so, exe	AFEGUARD cuted the fore	NSURANCE going instru-
INLP1, 02/10	"OFFICIAL SEAR MAUREEN K. AY Notary Public, State of My Commission Expires	E Illinois		Mauu Notary Public	K Clyk	

	VLEDGMENT OF PINDIVIDUAL OR PARTNER		
STATE OF)	,	
COUNTY OF			
On this day of	,	_,, before me person	ally appeared
known to me to be the individual de	escribed in and who exec	uted the foregoing instrument	and acknowl-
edged to me thathe executed the My commission expires:	same.		
•	•	`	Notary Public
ACKNOW	VLEDGMENT OF P		
STATE OF <u>Indiana</u> COUNTY OF <u>Starke</u>	(CORPORATE OFFICER)) SS _))	
On this day of 			I himself to be
and that he as such officer being author therein contained by signing the name of the	rized so to do, executed	the foregoing instrument for	
My commission expires:	,	Ug Middle	Notary Public
	,	,	

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