

STATE OF INDIANA
LAKE COUNTY Bond 6751282
FILED FOR RECORD

2011 013165

2011 MAR -8 AM 11:03

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, CASUALTY RECOVERY GROUP, INC.

MICHAEL FAJMAN

as Principal, of 3622 S. Morgan Street

Chicago ILLINOIS and the AMERICAN STATES INSURANCE COMPANY
(City) (State) (Street and Number)

, a INDIANA corporation, as Surety, are held and firmly bound unto Board of Commissioners of the County of Lake, State of Indiana, and any Cities and Towns in Lake County, Indiana, as Oblige, in the sum of Five Thousand Dollars And Zero Cents

Dollars (\$ 5,000.00) for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 28th day of February, 2011

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Disaster Recovery, Restoration & Reconstruction Services

by the Oblige.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

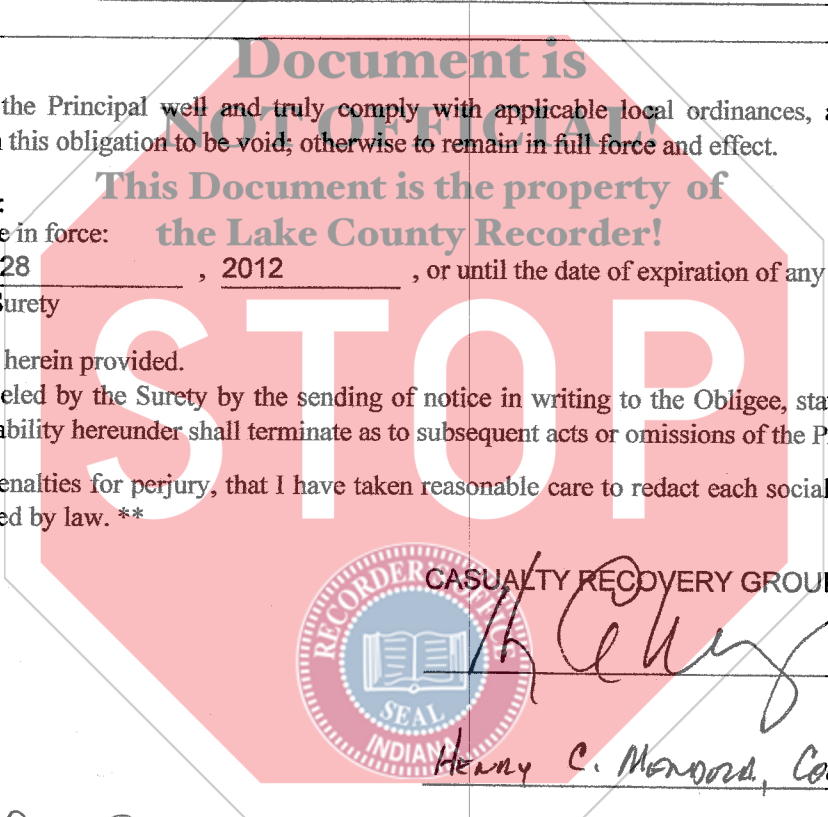
PROVIDED, HOWEVER:

1. This bond shall continue in force: Until February 28, 2012, or until the date of expiration of any Continuation Certificate executed by the Surety

Until canceled as herein provided.

2. This bond may be canceled by the Surety by the sending of notice in writing to the Oblige, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

** I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. **



CASUALTY RECOVERY GROUP, INC.



[Handwritten Signature]

Principal

Henry C. Menwood, Controller

AMOUNT \$ 12.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON - COM
CLERK UR

AMERICAN STATES INSURANCE COMPANY

By TAMIKOLAJEWSKI
Tim Mikolajewski, Vice-President

S-5328/DA 03/06

XDP