

CONTINUATION
CERTIFICATE

Liberty Mutual Surety
1001 4th Avenue, Suite 1700
Seattle, WA 98154



AMERICAN STATES INSURANCE COMPANY

Seattle, WA

, Surety upon

a certain Bond No. **6225433**

dated effective **6/5/2003**
(MONTH-DAY-YEAR)

on behalf of **DENNIS HAMILTON DBA NORTHWEST INDIANA BACKFLOW TESTERS**
(PRINCIPAL)

and in favor of **Board of Commissioners of the County of Lake, State of Indiana, and any Cities and Towns in Lake
County, Indiana**
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **6/5/2011**
(MONTH-DAY-YEAR)

and ending on **6/5/2012**
(MONTH-DAY-YEAR)

Amount of bond **Five Thousand Dollars And Zero Cents (\$5,000)**

Description of bond **BACKFLOW TESTING & REPAIR**

Premium: **\$75.00**

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

**** 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. ****

Signed and dated on **4/25/2011**
(MONTH-DAY-YEAR)

AMERICAN STATES INSURANCE COMPANY
1001 4th Avenue, Suite 1700, Seattle, WA 98154 1-888-844-2663

By Tim Mikolajewski
Tim Mikolajewski, Vice-President

SMITH INSURANCE AGENCY
Agent

618 E 3RD ST, HOBART, IN 46342 4487

Address of Agent

(219) 942-1148

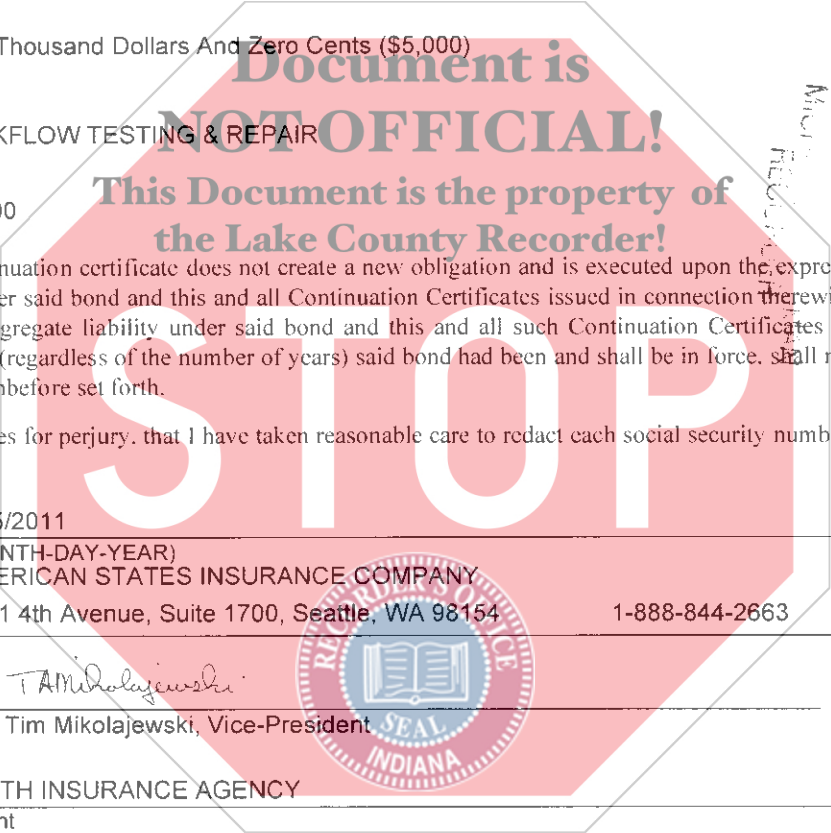
Telephone Number of Agent

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 1653
OVERAGE _____
COPY 2
NON-COM
CLERK SS

S-5326/DA 08/06

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