## Lexon Insurance Company $\stackrel{\sim}{\lesssim}$

## LICENSE AND PERMIT BOND

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(For County, City, Town or Village only. Not valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses, Utility or Tax Guarantee Bonds, or Bonds Required by the State).

вв 13135%

KNOWN A	ALL	MEN	BY	THEIR	PRESENTS:
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That we DJK Restoration, LLC dba Rainbow International of Northwest Indiana as Principal,
and <u>LEXON INSURANCE COMPANY</u> , a <u>Texas Corporation</u> , as Surety are held and firmly bound unto <u>the Board of Commissioners</u> of the County of Lake, State of Indiana, and any cities and towns in Lake County, Indiana
hereinafter called the Obligee, in the amount of Five Thousand Dollars and No Cents  NOT VALID FOR MORE THAN \$25,000.00  (\$\frac{5}{0}\text{.00}\text{.00}}
Dollars, lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind
ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by their presents.
THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the Principal has been licensed as a (an)
Mold, and Fire Restoration and Carpet Cleaning by the Obligee.
NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances pertaining
to the license or permit, then this obligation shall be void, otherwise to remain in full force and effect. Any liability under this bond shall
commence on the 1st Documeday of 1S January , 2013
and end one full calendar year thereafter.
The Surety may cancel this bond at any time, by filing with the Obligee and the Principal, thirty (30) days written notice of its
desire to be relieved of liability under this bond. Upon termination, the Surety shall be relieved from any liability for any subsequent acts
or omissions of the Principal. the Lake County Recorder!
Dated the
DJK Restoration, LLC dba Rainbow International of
(Principal) Northwest Indiana
MICHANCE WILL
By (Signature/Principal) James D. Combs, President  LEXON INSURANCE COMPANY  C. S.
SEAL SEAL
LEXON INSURANCE COMPANY
C S
BY: David E. Campbell, President
State of Illinois
Country of DuPage
On, before me, a Notary Public in and for said County and State Con
residing therein, duly commissioned and sworn, personally appeared <u>DAVID E. CAMPBELL</u> who acknowledged himself to be the
aforesaid officer of LEXON INSURANCE COMPANY, the corporation described in and that executed the within and foregoing instrument and known to me to be the same person who executed the said instrument on behalf of the said corporation, and he duly
acknowledged to me that such corporation executed the same.
IN WITHERS WHEDEOF II
IN WITNESS WHEREOF, I have set my hand and affixed my official seal, the day and year stated in this certificate above.
"OFFICIAL SEAL" (ammy fakle)
TAMMY HENKNE  Notary Public, State of Ninois
My Commission Expires 03-30-2011 Tammy Henkle
ORIGINAL BOND My Commission Expires 03-30-2011

## **ACKNOWLEDGEMENT OF SURETY**

State of	Illinois		•
County o	of DuPage		
On	December 27,	2012	, before me, a Notary Public in and for said County
and State	e, residing there	ein, duly commissi	oned and sworn, personally appeared <u>David E.</u>
Campbel	l who acknowle	edged himself to be	e the aforesaid officer of LEXON INSURANCE
COMPAN	IY, the corporat	tion described in a	nd that executed the within and foregoing
instrume	nt, and known	to me to be the sa	me person who executed the said instrument on
behalf of	the said corpor	ration, and he duly	acknowledged to me that such corporation executed
the same	•		

IN WITNESS WHEREOF, I have set my hand and affixed my official seal, the day and year stated in this certificate above.

