

LMS-15326DA 08/06

CONTINUATION CERTIFICATE

| Amer | can States Insurance Company | Seattle, WA | , Surety upon |
|--|---|-------------------------------|--|
| a certain Bond No. Cross Ref: | 32S158071 67514390000 | | |
| dated effective | 3/1/2011 (MONTH-DAY-YEAR) | | 8 |
| on behalf of | THOMAS R METZGER DBA NWI HOME IMPROVEMEI (PRINCIPAL) | NT | 013 |
| and in favor of | Board of Commissioners of the County of Lake, State of County, Indiana (OBLIGEE) | Indiana, and any Cities ar | |
| does hereby continue said bond in force for the further period | | | 77 |
| beginning on | 3/1/2013 (MONTH-DAY-YEAR) | | 48 |
| and ending on | 3/1/2014 (MONTH-DAY-YEAR) | | |
| Amount of bond | \$5,000.00 Document i | S | 2013 |
| Description of bond | GENERAL CONTRACTOR T OFFICE This Document is the pro- | AL! | TATE OF THE PARTY |
| 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. ** | penalties for perjury, man remove taken reasonable care to reduce | t cach social security humber | in this document, unless |
| Signed and dated on | 3/8/2013 (MONTH-DAY-YEAR) American States Insurance Company 1001 4th Avenue, Suite 1700, Seattle, WA 98154 | 888-844-2663 | ·········· |
| | By Timothy A. Mikolajewski, Assistant Secretary | | TES INSURATE CONFORMATION OF THE STATE OF TH |
| | HAMMOND INSURANCE AGENCY INC Agent | | MOLAND TO STATE OF THE STATE OF |
| | PO BOX 717, SCHERERVILLE, IN 46375 0717 | | <i>31</i> C |
| | Address of Agent | | 10 0 |
| | (219) 865-1777 Telephone Number of Agent | | 12.00 1143 |