



Washington International Insurance Company License and Permit Bond

(For County, Town, City, Village or Parish only - Not to be used for Bonds Required by any State or Federal Agency, Not Valid for Contract, Performance, Payment, Maintenance, Subdivision, Wage and Welfare Bonds, Lease Bonds, Agent Bonds to Sell Hunting and Fishing Licenses or Utility Guarantee Bonds)

Bond No: S950-4920-7162

Know all by these Presents:

That we WINDOW WORKS, INC., as Principal, and

Washington International Insurance Company, as Surety, THE BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STATE OF INDIANA, and any CITIES and TOWNS IN LAKE COUNTY, INDIANA, as obligee, in the

penal sum of FIVE THOUSAND Dollars (\$ 5,000.00) good and lawful money of the United States of America, for payment of which, well and truly to be made we bind ourselves, our heirs, executors, administrators, jointly and severally, firmly by these presents.

Whereas, the said Principal has applied to said Obligee for a license or permit to do business as a

GENERAL CONTRACTOR

Now therefore, the condition of this obligation is such, that if the Principal shall faithfully observe and comply with the provisions of all Laws or Ordinances of the Obligee regulating the business for which license or permit is issued, this obligation to be void; otherwise to be and remain in full force and effect. This bond shall remain in force for a period

beginning on the 10th day of April, 2013 and ending on the 10th day of April, 2014.

This bond may be canceled by the Surety thirty (30) days after receipt by the Obligee of the Surety's written notice of cancellation.

Signed, sealed and dated this 10th day of April, 2013.

Window Works, INC. Principal

By: [Signature] (Signature of Owner or Officer)



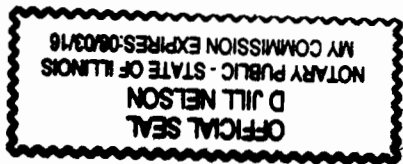
Washington International Insurance Company

By: [Signature] Kay A. Hull, Vice President

State of Illinois } ss: County of Cook

On this [blank], before me personally appeared Kay A. Hull who acknowledged herself to be the aforesaid officer of WASHINGTON INTERNATIONAL INSURANCE COMPANY, the corporation described in and that executed the within and foregoing instrument and known to me to be the person who executed the said instrument on behalf of the said corporation, and she duly acknowledged to me that such corporation executed same.

In witness whereof, I have set my hand and affixed my official seal, the day and year stated in this certificate above.



[Signature] Notary Public



2013 026388  
2013 APR 12 AM 11:44  
MEDICAL PROGRAM  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

12W  
CAS  
10/11/13  
CP