Bond Safeguard INSURANCE COMPANY	
900 S. Frontage Road, Suite 250, Woodridge, IL 60517 (6	2000007
1	INDIANA
WARRINGTON ACCOUNTY	
(ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00	
KNOW ALL MEN BY THESE PRESENTS:	NDIANA COUNTY, CITY, TOWN OR VILLAGE.)
That we Darick k	Korzeniewski dba Unified Construction
(Principal's Name)	
1138 M	Medlee Dr Hobart, IN 46342
(Principal's Address) COMPANY, an insurance company dultyolicensed in the	
State of Indiana, as Surety, are held and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana and any Cities and Jowns in Lake County Indiana.	
State of Indiana, Obligee, in the aggregate sum	
to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally by these presents.	
In consideration thereof, the Principal is gran business of Commercial Remodeling Construction	nted a license and/or permit by the Obligee to engage in the
for the period beginning on the 31	day of March
and ending on the 31	day of March
THEREFORE: the condition of this bond is that, if	said Principal shall comply with all of the conditions of the ordinances
and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following conditions:	
This obligation may be extended from year to year at the option of the Surety, by continuation certificate executed by the Surety;	
2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee However, this obligation shall remain in full	
force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond.	
NOT OFFICE A	
NOT OFFICIAL!	
This Document is the property of	
the Lake	e County Recorder!
Dated this 31	day of March , 2014 ,
Dated tris of	day of march
	Darick Korzeniewski dba Unified Construction
	Dan Farming Principal
Countersigned:	Parce Korgenium
	BOND SAFEGUARD INSURANCE COMPANY
	BOIND SAFEGUARD INSURANCE COMPANY
BY: Junion Muses	BY: (Il E. Carpbell
	President President
	SSEO INSURA
ACKNO	NLEDGEMENT OF SURETY
STATE OF ILLINOIS	(Corporate Officer) DAKOTA NINSURANCE
STATE OF ILLINOIS COUNTY OF DUPAGE SS	SEAL COMPANY 3
	MoiaNA County
On this 21st day of September 20 09, before me, the undersigned officer personally appeared	
David E. Campbell, who acknowledged himself to be the aforesaid officer of BOND SAFEGUARD INSURANCE	
COMPANY, a corporation, and that he, as such officer, being authorized to do so, executed the foregoing instru-	
ment for the purpose therein contained, by signing the name of the corporation by himself as such officer. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.	
) I t
"OFFICIAL SEAL" MAUREEN K. AYE	(M) - WC 0 140
Notary Public, State of Illinois	- War Cayl CA
My Commission Expires 09/21/17	North State Control of the Control

ILLP2, 02/10

Notaly Public, State of Illinois

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ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERS) STATE OF Indiana COUNTY OF Lake On this 315___ day of ______, 2014, before me personally appeared known to me to be the individual ____ described in and who executed the foregoing instrument and acknowledged to me that ___he ___ executed the same. My commission expires: Document is ACKNOWLEDGMENT OF PRINCIPAL the Lake County Recorder! STATE OF_ COUNTY OF On this __ , before me personally appeared _, who acknowledged himself to be

and that he as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as such officer.

My commission expires:

the _

Notary Public

_, a corporation

Bond Safeguard INSURANCE COMPANY

900 S. Frontage Road, Suite 250, Woodridge, IL 60517 (630) 495-9380