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

BOND NO. 15- 6038812

INDIANA

LICENSE AND/OR PERMIT BOND (ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00

AND OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)		
KNOW ALL MEN BY THESE PRESENTS: 🔌		
That we Brian Allen DBA: Brian Allen Masonry		
(Principal's Name)		
2888 S 300 E KNOX, IN 46534 (Principal's Address)		
as Principal and ROND SAFEGUARD INSURANCE COMPANY an insurance company duly licensed in the		
State of Indiana, as Surety, are held and firmly be	ound unto The Board of Commissioners of the County of Lake, State of Indiana a	and any Cities and Towns in Lake County Indiana
State of Indiana, Obligee, in the aggregate sum of Five Thousand		
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 granted a license and/or permit by the Obligee to engage in the		
business of MASONRY		
	day of August	014
and ending on the 20 THEREFORE: the condition of this bond is that, if s	day of August	2015
and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be otherwise to remain in full force and effect subject to the following conditions: 1. 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.		
	OFFICIAL!	STATE FILED FILED 2014 AUG MICHAL REC
	nent is the property of County Recorder!	AFCO
		Residence of the second
Dated this 20	day of August	T = 1
	Brian Allen DBA: Brian Allen M	
Countarnianad	Bru M	E 53
Countersigned:		Officer
	BOND SAFEGUARD INSURAN	CE COMPANY
Chapter of Mater	BY: () & E. ()	phell
BY: WIND VIND	THE DOCUMENT OF THE PARTY OF TH	President President
	and the state of t	O INSURANCE
STATE OF ILLINOIS) SS	(Corporate Officer)	SOUTH CONTROL OF THE PROPERTY
COUNTY OF DUPAGE) 33	WOUND JUST	Amplified.
STATE OF ILLINOIS COUNTY OF DUPAGE 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 instrument for the corporation by himself as such officer.		
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.		
"OFFICIAL SEAL" MAUREEN K. AYE	(M1-	V Co., O
Notary Public, State of Illinois	- I rau Lugg	
My Commission Expires 09/21/17	Notaly Public, S	State of Illinois
ILLP2, 02/10		A . A
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