3

## Continuation Certificate PLUMBING

IN CONCIDED	ATION of the norm	nent of a premium	of ¢ 75.00		•
			ntinues in force to	09-04-2015	•
		effective		U	n the sum of
	ND AND NO/100-		D	ollars (\$ 5.000.00	), on behalf of
FORBES PLUI					•
represented by	(if applicable)			, Prin	cipal, in favor of
			OF LAKE, STATE OF INDIANA		
MUNICIPALITI	ES IN LAKE COU	NTY, INDIANA		<u> </u>	
Obligee subjec	t to all its terms, co	onditions and limita	tions as set forth and expressed	d in said bon	
This certificate continuation coamount set for	is executed upo ertificates issued i	n the express con n connection there , or said amount by the Company.	dition that the Company's liab with shall not be cumulative, a as it may have been increase	oility under <b>Sag</b> bon <b>e</b> and shall n <b>o</b> bin any	and this and all vent exceed the
		NULY	cument is OFFICIAL!  ent is the property		
By Mic	MUCHELLE KRA	the Lake	County Recorder!	101	
			Original Continuation Cert	tificat <mark>e W</mark> ith Powe	r Of Attorney
Within 30 D	ays For Ca <mark>ncel</mark>			AMOUNT \$CASH CHARGE CHECK #COPYNON - COMCCERK	158 

## **POWER OF ATTORNEY**

## KNOW ALL MEN BY THESE PRESENTS:

. . . .

That FEDERATED MUTUAL INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of Minnesota, and having its principal office in the City of Owatonna, State of Minnesota, does hereby constitute and appoint:						
MICHELL	E KRAAY of	the City of	OWATONNA	State		
of MINNI	ESOTA	_ its true and lawf	ful attorney for the following	purposes:		
To sign its name as surety to, and to execute, affix the seal, acknowledge and deliver any and all surety bonds and penalties not exceeding:						
	ONE HUNDRED TI	HOUSAND DOLL	ARS (\$100,000) EACH			
	FORBES P	LUMBING INC	PORTAGE, IN			
The execution of such bonds or undertakings in pursuance of these presents shall be binding upon the Company as if they had been executed and acknowledged by the regularly elected officers of the Company.						
This Power of Attorney granted by Federated Mutual Insurance Company shall terminate when the designee ceases to be:						
1)	Employed by Federate	d Mutual Insuranc	e Company or			
2)	Attorney is required.	OIT	ce Company in a job for w			
IN WITNESS WHEREOF, the said FEDERATED MUTUAL INSURANCE COMPANY has caused this instrument to be signed and its corporate seal to be affixed by its Senior Vice President and Assistant Secretary this the 29TH day of MAY , 2013						
(SEAL)	S	BYand BY	ATED MUTUAL INSURAN  Ames A. The  ior Vice President  Gugary J. S.  sistant Secretary	ce company		
STATE OF MINNESOTA COUNTY OF STEELE						
that they are respecti INSURANCE COMP. that this instrument we	and <u>Gregory J. Stroik to</u> vely the Senior Vice Pr ANY and that the seal aff as signed and sealed of b	ome personally ke resident and Assi fixed to this instru- ehalf of said Corp	nally appeared before me, the nown, who, each being duly s stant Secretary of the FEDI ment is the corporate seal of poration by authority of its Bo instrument to be the free a	sworn by me, did say ERATED MUTUAL said Corporation and part of Directors and		
(SEAL)	KELLY J. HAGEN NOTARY PUBLIC - MINNESOT My Commission Expires Jan. 31, 20		Kelly J. Ho	izer)		

## **COPY OF RESOLUTION**

"BE IT RESOLVED that the President or any Vice President in conjunction with the Secretary is hereby authorized and empowered under the corporate seal of the Company, to appoint any person or persons as attorney or attorneys-in-fact, or agent or agents of the Company, in its name and as its act to execute and deliver, anywhere in the United States or Canada, any and all bonds and undertakings of suretyship and other documents that the ordinary course of surety business may require."

"BE IT FURTHER RESOLVED that the Power of Attorney or other document appointing such person or persons as attorney or attorneys-in-fact or agent or agents of the Company may either be personally signed by the President, any Vice President, the Secretary or may be executed by said officers by means of facsimile signatures. The said personal signatures or facsimile signatures shall not require the Company seal or any other seal and shall be valid and binding on the company if executed either by personal signature or facsimile signature and with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am a Senior Vice President of the FEDERATED MUTUAL INSURANCE COMPANY, a Corporation duly organized and existing under the laws of the State of Minnesota and that the foregoing is a true and complete copy of the original Power of Attorney given by said Company to:

MICHELLE KRAAY	of	OWATONNA, MINNESOTA					
authorizing and empowering such person to sig been revoked and is still in full force and effect.	gn bonds as	therein set forth, which Power of Attorney has never					
/ Do	cum	ent is					
I further certify that said Power of Attorney was given in pursuance of a resolution adopted at a regular meeting of the Board of Directors of said Company duly called and held at the office of the Company in the City of Owatonna, Minnesota on the 20 <sup>th</sup> day of April, 19 82 at which meeting a quorum was present and that the foregoing is a true and correct copy of said resolution, and the whole thereof as recorded in the minutes of the said meeting.							
PURSUANT to the By-Laws of Federate	ed Mutual I	nsurance Company, Article 8, Section 1; in the absence					
		formed by the Assistant Secretaries in the order of their					
	hereunto se	t my hand and affixed the seal of the FEDERATED					
MUTUAL INSURANCE COMPANY this the _	3157	day of JULY , 2014 .					
(SEAL)	E AL	James A. Then					
	Ser	nior Vice President					