

Bond No. _____

FB-9006.1
2015 020953

LICENSE AND PERMIT BOND



STATE FARM FIRE AND CASUALTY COMPANY

BLOOMINGTON, ILLINOIS

KNOW ALL PERSONS BY THESE PRESENTS, That we, CHAD EDMONDS

of EDMONDS PLUMBING SERVICE LLC as Principal, and STATE FARM FIRE AND CASUALTY COMPANY, a corporation organized under the laws of the State of Illinois, having its principal office in the city of Bloomington, Illinois, as Surety, are held and firmly bound unto The Board of Commissioners of the County of Lake State of Indiana and any Other and Towns in Lake County, Indiana in the full and aggregate sum of FIVE THOUSAND DOLLARS Dollars (\$5000.00) lawful money of the United States, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that whereas the said Principal has been granted a PLUMBING CONTRACTOR

for a term beginning MARCH 20, 2015 and ending MARCH 20, 2016

NOW, THEREFORE, if the above Principal shall indemnify and save harmless the Oblige, against loss by reason of said Principal's breach of any ordinance, rule or regulation relating to the above described license or permit, then this obligation shall be null and void, otherwise to remain in full force and effect.

Provided, that if the Surety shall so elect, this bond may be cancelled by giving thirty (30) days notice in writing to the said Oblige and this bond shall be deemed cancelled at the expiration of said thirty (30) days; but said Surety so filing said notice shall not be discharged from any liability already incurred under this bond or which shall accrue hereunder before the expiration of said thirty (30) day period.

This bond may be continued from year to year by means of a continuation certificate.

Signed, sealed and dated this 20 day of MARCH, 2015



[Signature]
Principal

STATE FARM FIRE AND CASUALTY COMPANY



By: [Signature]
Attorney-in-fact

AMOUNT \$ 12
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY [Signature]



STATE OF INDIANA
RECORDER'S OFFICE
MARCH 9 11 12