

LMS-15326DA 08/06

CONTINUATION CERTIFICATE

| Amer | ican States Insurance Company | Seattle, WA | , Surety upon |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a certain Bond No. Cross Ref: | 32S157621 67419400000 | | |
| dated effective | 11/18/2010 (MONTH-DAY-YEAR) | | |
| on behalf of | GERTZEN WATER MANAGEMENT COMPAN | NY DBA UTILITY SERVICES CORPO | RATION |
| and in favor of | Board of Commissioners of the County of Lake County, Indiana (OBLIGEE) | e, State of Indiana, and any Cities and | Towns in Lake |
| does hereby continue said bond in force for the further period | | | 5 |
| beginning on | 11/18/2014 (MONTH-DAY-YEAR) | | 0315 |
| and ending on | 11/18/2015 (MONTH-DAY-YEAR) | | 567 |
| Amount of bond | \$5,000.00 | | |
| Description of bond | BACK FLOW AND WATER TESTING SERVICE | CES | |
| that the Surety's liabi and that the said Sur committed during the | nis continuation certificate does not create a new obli- lity under said bond and this and all Continuation Ce- rety's aggregate liability under said bond and this ar period (regardless of the number of years) said bond as hereinbefore set forth. | rtificates issued in connection therewill and all such Continuation Certificates of | hall not be cumulative account of all defaults |
| ** I affirm, under the required by law. ** | penalties for perjury, that I have taken reasonable ca | re to redact each social security number 🖫 | this document, unless |
| Signed and dated on | 5/20/2015 (MONTH-DAY-YEAR) American States Insurance Company | | <u>Cr.</u> |
| | 1001 4th Avenue, Suite 1700, Seattle, WA 981 | 54 888-844-2663 | |
| | By Timothy A. Mikologewaki | | S INSUS |
| | Timothy A. Mikolajewski, Assistant Secreta | ary | THE ORPORATE OF |
| | GENERAL INSURANCE SERVICES INC Agent | | TO THE POINT OF THE PERSON OF |
| | 4208 CALUMET AVE STE 100, VALPARAISO, IN 46383 2243 | | |
| | Address of Agent | | <u> </u> |
| | (219) 464-3511 Telephone Number of Agent | | |