Bond Safeguard INSURANCE	COMPANY		
<u> </u>	BOND NO. 15-		
300 S. Fromage House, Sand 250, Weedingge, 12 000 F.			
and the control of th			
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	JWI LLC	3	
		en den den den den den den den den den d	
620 Conkey St Hammond, IN 46324			
	(Principal's Address)		
as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the			
State of Indiana, as Surety, are held and firmly bound untoCITY OF HAMMOND			
State of Indiana, Obligee, in the aggregate sum of TEN THOUSAND Dollars (\$\$10,000)			
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 Obliger to engage in the			
business of General Contractor		2001	
for the period beginning on the 15		5 104C	
	day of October	2016	
THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the coretions of the promatness and regulations of the Obligee pertaining to said license and/or permit, then this obligation hall be nutled oid; 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.			
NOTO	OFFICIAL!		
This Document is the property of			
the Lake County Recorder!			
Dated this 15	day of October	2015	
Dated and 15		очения в приня на в напочнения в	
	JWI LLC		
		Principal	
Countersigned:	Visite Ferm Ouvi		
	BOND SAFEGUARD INSURANCE COMP	Officer	
	SOND SAFEGUARD INSURANCE CONF	ANT	
RY: Salvy VI Vovi elsi	The () led E. Capbel		
J. Julia	manus anaconic	President	
	D INSURANT		
	EDGEMENT OF SURETY	140/1	
	Corporate Cifficer) John Consumance		
STATE OF ILLINOIS) SS SS	WOLANA COMPANY		
COGNITI OF BUT AGE	The state of the s		
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 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	Man Co.	10	
Notary Public, State of Illinois My Commission Expires (89/21/17)	- received and	/	
My Commission Expires 09/21/17	Notaly Public, State of Illing	bijs (

ACKNOWLEDGMENT OF PRINCIPAL

(INDIVIDUAL OR PARTNERS)

STATE OF)) SS	
COUNTY OF	
On this day of	,, before me personally appeared
known to me to be the individual described in and who edged to me thathe executed the same.	executed the foregoing instrument and acknowl-
My commission expires:	
	Natory Dublic
	Notary Public
Documen	tis
NOT OFFIC	CIAL!
Theknowledgiethe	DEPRINCIPAL
the Lakcorporateyor	
STATE OF N	
COUNTY OF LAKE	
On this 15 day of Oct	, before me personally appeared
Ante Percan	, who acknowledged himself to be
the Owner	, a corporation
and that he as such officer being authorized so to do, exe	ecuted the foregoing instrument for the purposes
therein contained by signing the name of the corporation by h	nimself as such officer.
My commission expires:	
3-23-16	Jakey Woulder
	Notary Public

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