

LEXON INSURANCE COMPANY

LICENSE AND PERMIT BOND

(For County, City, Town or Village only. Not valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses, Utility or Tax Guarantee Bonds, or Bonds Required by the State)

BB 136880

2015 087947

KNOWN ALL MEN BY THEIR PRESENTS:

That we Commercial Contractors, Inc. as Principal, and LEXON INSURANCE COMPANY, a Texas Corporation, as Surety are held and firmly bound unto the Board of Commissioners of the county of Lake, State of Indiana + all cities, towns & municipalities within hereinafter called the Oblige, in the amount of five thousand (\$ 5,000.00)

NOT VALID FOR MORE THAN \$25,000.00

Dollars, lawful money of the United States, to be paid to the said Oblige, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by their presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the Principal has been licensed as a general contractor by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances pertaining to the license or permit, then this obligation shall be void, otherwise to remain in full force and effect. Any liability under this bond shall commence on the 15th day of September 2015 and end one full calendar year thereafter.

The Surety may cancel this bond at any time, by filing with the Oblige and the Principal, thirty (30) days written notice of its desire to be relieved of liability under this bond. Upon termination, the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Dated the 15th Day of September, 2015.

Commercial Contractors, Inc
(Principal)

By (Signature/Principal)

LEXON INSURANCE COMPANY

BY: David E. Campbell, President



ACKNOWLEDGEMENT OF SURETY

State of Illinois

County of DuPage

On 9-15-15, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared DAVID E. CAMPBELL who acknowledged himself to be the aforesaid officer of **LEXON INSURANCE COMPANY**, the corporation described in and that executed the within and foregoing instrument, and known to me to be the same person who executed the said instrument on behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal, the day and year stated in this certificate above.



ORIGINAL BOND

Tariese M. Pisciotto
Tariese M. Pisciotto
My Commission Expires 06-26-2018

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12-5-15
8885
nm
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STATE OF INDIANA
LAKE COUNTY
FILED
MICHAEL BOGGIN
RECORDED
2015 DEC 30 AM 10:32