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|  | CONTINUATION CERTIFICATE |                   |  |   |  |  |  |
|--|--------------------------|-------------------|--|---|--|--|--|
| To be attached to and form a part of E9347280000 |                          |                   | -  | 32\$159609                                | (the "I  | Bond"), cross referenc                               | e bond number  |
| E93472   | 280000                   | , for GENERA      | L CONTRACTOR   |   |  |  | ~~   |
| dated the  | 6th                      | day of            | May, 1998  | , in the penal s                          | um of  | \$ 5,000.00  | issued by  |
|  | AME                      | RICAN STATES      | INSURANCE COMPANY  |   | as suret   | y (the "Surety"), on be                              | <b>○</b><br>eha <b>kfya</b> f  |
|  |                          |                   | ICORPORATED as principa<br>F LAKE STATE OF IND, as           |   |  | of THE BOARD OF                                      |  |
| The Sur  | ety hereby<br>May, 2     |                   | s Bond is continued in full fo<br>, subject to all covenants |   |  | 6th  | day of STATE   |
| Said Bo  | nd has bee               | n continued in fe | orce upo <del>n the express cond</del>                       | lition that the full e                    | extent of  | the Surety's liab <b>eth, u</b> r                    |  |
| Bond, and  | this and all             | continuations th  | ereof, for any tose or series                                | of losses occurring                       | ng during  | the entire time                                      | urety, 56  |
|  |                          |                   | nt, either individually or in th                             |   |  |  |  |
|  |                          | Th                | is Document is   | the prope                                 | arter o  |  | 8  |
| IN WITH  | iess whe                 | REØF, the Sure    | the Lake Country  AM  By:                                    | ERICAN STATES  Timothy Assistant Secretar | SINSUR. Surety)  A. Mikola y - Libert  URANCANAPOI IN 4632 | jewski y Mutual Surety  E GROUP LIS BLVD #300 2-2591 | TES INSURATE TO SECOND STATE OF THE SECOND S |
| LMIC - 330                                       | 00                       |                   |  |   | :  | AMOUNT \$ 1 CHACHECK#OVERAGEOOPYOON-CONF             |  |