

Bond Number 2353086

License and Permit Bond

(Valid in the states of Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio and Wisconsin only)

For County, City, Town or Village Only – Not valid for bonds required by the State.

Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond.

	C	3
Principal: (Full name and address)	Obligee: (Principal's customer)	-
The Nikao Group LLC	Town of Merrillville and for all cities, towns, or municipalities	
2400 Hassell Rd Ste 420	in Lake County Indiana	7
Hoffman Estates, IL 60169-2041	7820 Broadway	-
	Merrillville, IN 46410-5557	7
Effective Date: June 20, 2017	Expiration Date: December 31, 2017	
(Valid up to 3 years)		
PENAL AMOUNT OF BOND: Five Thousand Dollars Docum	ent is	\$ 5,000.00),
lawful money of the United States, to be paid to the said obligee,	for which payment well and truly to be made	we bind
ourselves and our legal representative, jointly and severally.	ICIAL:	
The condition of this obligation is such, that whereas, the principal General Contractor the Lake Count	ty Recorder!	FILE
NOW, THEREFORE, if said Principal shall faithfully perform all t	the duties and comply with the laws and ordin	nances (including
all amendments) pertaining to the license or permit, then this obli		
for not more than 36 consecutive months, unless renewed by cor	and Co	20=
	773 773	mas .
This bond may be terminated at any time by the Surety upon se	14077 7.7	The same of the sa
thirty-five (35) days from the mailing of notice or as soon thereaft		1 1
shall ipso facto terminate and the Surety shall be relieved from a	ny liability for any subsequent acts or omission	ons of the Principal
Principal's company shall save and keep harmless the Oblige	from all losses or damage which it may sust	ain or for which it
may become liable on account of the issuance of said thense	and permit. The maximum liability shall not	exceed the bond
penalty.		
Signed with our hands and sealed with our seals this, the	20th day of June , 20 1	7 .
I SEAL		iii INSiii.
The Nikao/Group LLC	SENS MUTUAL INSURANCE COMPANY	William Wei
		CORPORATE
	(Your of sine	SEAL &
(Principal)	Kevin A. Steiner, Chief Executive Officer	GTON CO.
On the 1st day of March, 2009, before me personally came Ke		
depose and say: that he resides in the County of Washington, State of Wisconsin; that he is the Chief Executive Officer of		

On the 1st day of March, 2009, before me personally came Kevin A. Steiner to me known, who being by me duly sworn, did depose and say: that he resides in the County of Washington, State of Wisconsin; that he is the Chief Executive Officer of WEST BEND MUTUAL INSURANCE COMPANY the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN County of Washington

John Dawell (Notary Public)

My Commission is permanent.

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

NB 0054 04 12

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Power of Attorney

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-in-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time by any said officer at any time.

In witness whereof, the West Bend Mutual insurance aused these presents to be signed by its president undersigned and its corporate seal to be herete duly attested by its secretary this list day of March, 2009.

Attest

State of Wisconsin County of Washington

On the 1st day of March, 2009 before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.

Executive Vice President - Chief Legal Officer Notary Public, Washington Co. Wi My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 20th

day of June

Dale J. Kent

Executive Vice President -**Chief Financial Officer**

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at NSI, a division of West Bend Mutual Insurance Company.