

## 2020-011055

2020 Feb 13

10:25 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

## LICENSE OR PERMIT BOND

			as Principal, of
382 Reif Drive			
	ACTOR AMERICAN	and Number)	
Hebron	, Indiana (State)	and the The Ohio Casualty	Insurance Company ,
(City)	(State)	are held and firmly bound unto	Roard of Commissioners of the
New Hampshire		are held and firmly bound unto	, as Obligee, in the sum of
	f Indiana, and any Cities and Tox	Vis in Lake County, Indiana	, as obligee, in the sum of
Five Thousand Dollars	And Zero Cents	mentuis tule to be a	paid, we bind ourselves, our heirs,
avagutars administrator	(\$5,000.00 ) for	and severally firmly by these pr	resents.
executors, administrator	s, successors and assignment	and severally, firmly by these pr	
Cooled with our scale of	ad dated this Doctore	atgis the property of	
Sealed with our seals, a		ounty Recorder!	
THE CONDITION OF			ipal has been or is about to be
	mit to do business as General Co		that has been of is about to be
granted a needisc of pen	Int to do business as General ex	Antidoy	by the Obligee.
		and and and	inances and conduct business in
NOW, THEREFORE,	if the Principal well and truly c	perwise to remain in full force and	inances, and conduct business in
conformity therewith, ti	len this obligation to be void, on	ici wise to felyam in fan force and	
PROVIDED, HOWEVI		WILLIAM STATE OF THE STATE OF T	
1. This bond shall con		DERSO	of and Continuation
☑ Until 31st	day of August	, or until the date	of expiration of any Continuation
OR	executed by the Surety		
☐ Until cance	led as herein provided.	SEAL	
2. This bond may be	canceled by the Surety by the s	ending of notice in writing to th	e Obligee, stating when, not less
than thirty days the	reafter, liability hereunder shall t	erminate as to subsequent acts or	omissions of the Principal.
**I affirm, under the pena	alties for perjury, that I	Lakewood Carpentry, LL	C /
have taken reasonable car	e to redact each social	1	$\Delta$
security number in this do	ecument, unless		
required by law.**		LE DAV	00- 11/2/
		By All W	Well Voluce
		7	Principal
	ALTY IA	The Ohio Casualty In	surance Company
	S COKAON	*(E) (E)	
	(g) 191	1 L MILZ.	olajeus Pei
	TO JULY HAME	Timothy A. Mikolaje	
	* *	rimothy A. Wikolaje	Title Title Title



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company

## **POWER OF ATTORNEY**

bligee: Board of Commissioners of the	e Agency LLC he County of Lake, State of Ind	liana, and any Cities and Towns		umber: 999009706
	Thousand Dollars And Zero C			
ollectively called the "Company"), pursua ach individually if there be more than on	ant to and by authority herein set fine named, its true and lawful attorn acognizances and other surety obli-	forth, does hereby name, constitute in ney-in-fact to make, execute, seal, a gations, in pursuance of these prese	and appoint Timothy A. Mikolaje acknowledge and deliver, for and	of the State of New Hampshire (herein wski in the city and state of Seattle, WA, on its behalf as surety and as its act and the Companies as if they have been duly
N WITNESS WHEREOF, this Power of A his 26th day of September, 2016.	uttorney has been subscribed by a	n authorized officer or official of the		of the Company has been affixed thereto
		JALTY INSURA	The Ohio Casualty Insur	ance Company
		ocuenente	is want of lan	7
	NO'.	<b>COFFICI</b>	David, M. Carey, Assistant	Secretary
TATE OF PENNSYLVANIA SS		ument is the pr		
on this 26th day of September, 2016 tompany and that he, as such, being autorized officer.	before me personally appeared thorized so to do, execute the fore	David M. Carey, who acknowledge going instrument for the purposes the	Chimsel Co be the Assistant So nerein contained by signing on be	cretary of The Ohio Casualty Insurance half of the corporations by himself as duly
WITNESS WHEREOF, I have hereunt	o subscribed my name and affixed	d my notarial seal at King of Prussia,	Pennsylvania, on the day and ye	ar first above written.
	OF UIT	MMONWEALTH OF PENNSYLVANIA  Notanal Seal  Teresa Pastella, Notary Public pper Merion Twp., Montigomery County y Commission Expires March 28, 2021 mber, Pennsylvania Association of Notarias	By: Teresa Pastella, Notary Po	iblic
his Power of Attorney is made and executed and executed and executed and effect reading as follows:	auted pursuant to and by authority	of the following 8 y law and Authoriz	zations of The Ohio Casualty Insu	rance Company, which is now in full force
President may prescribe, shall app any and all undertakings, bonds, re	Corporation authorized for that proint such attorneys-in-fact, as madecognizances and other surety obtained by their signature and execute presentative or attorney-in-fact up	ay be necessary to act in behalf of to bligations. Such attorneys in-fact, su justed, such instruments shall be as i	he Corporation to make, execute bject to the limitations set forth in hinding as if signed by the President	such limitation as the Chairman or the seal, acknowledge and deliver as surety their respective powers of attorney, shall ent and attested to by the Secretary. Any Board, the Chairman, the President or by
Certificate of Designation – The Presid act as may be necessary to act on beha obligations.	ent of the Company, acting pursual of the Company to make, exec	ant to the Bylaws of the Company, a ute, seal, acknowledge and deliver	uthorizes David M. Carey, Assist as surety any and all undertaking	ant Secretary to appoint such attorneys-in-last, bonds, recognizances and other surety
Authorization – By unanimous consent assistant secretary of the Company or found issued by the Company in connecti	acsimile or mechanically reproduc	ced or electronic seal of the Compa	any, wherever appearing upon a	d signature or electronic signatures of any certified copy of any power of attorney or lough manually affixed.
, Renee C. Llewellyn, the undersigned, orce and effect and has not been revoke	Assistant Secretary, of The Ohio ed.	Casualty Insurance Company do he	ereby certify that this power of att	orney executed by said Company is in full
N TESTIMONY WHEREOF, I have here	eunto set my hand and affixed the	seals of said Company this 25th	_day of July, 2	019
		NATA INSUS		