NOT AN OFFICIAL DOCUMENT



CONTINUATION CERTIFICATE

American States Insurar	ice Company Surety upon:
a certain Bond No.:	32S153117
Cross Ref Bond No.:	65344660000
dated effective:	December 31, 2007
on behalf of:	US CONTRACTORS INCORPORATED DBA UNITED SERVICES DKI DBA 1 800 BOARD UP
	<u> </u>
and in favor of:	Board of Commissioners of the County of Lake, State of IN, and any Cities and Towns in Lake Co., IN
loes hereby continue sa	id bond in force for the further period:
beginning on:	December 31, 2021
and ending on:	December 31, 2022
Amount of bond:	\$5,000.00
Description of bond:	GENERAL CONTRACTOR & CARPENTRY CONTRACTOR
rovision that the Suret e cumulative and that to f all defaults committe	continuation certificate does not create a new obligation and is executed upon the express condition and y's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account d during the period (regardless of the number of years) said bond had been and shall be in force, shall not in nount of said bond as hereinbefore set forth.
Signed and dated on:	\sim
Surety Name:	American States Insurance Company
By:	Timothy A. Mikolajewski, Assistant Secretary
Agency Name:	Timothy A. Mikolajewski, Assistant Secretary KOESTER & BROWN INSURANCE INC
Agency Address:	9105-A INDIANAPOLIS BLVD #300, HIGHLAND, IN 46322-2591
Agency Telephone:	
	GINA PIMENTEL RECORDER 2021-072340

Liberty Mutual Surety Claims - P.O. Box 34526, Seattle, WA 98124 - Phone: 206-473-6210 - Fax: 866-548-6837 Email: HOSCL@libertymutual.com - www.LibertyMutualSuretyClaims.com

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2021 Dec 20

STATE OF INDIANA LAKE COUNTY

FILED FOR RECORD

bind the Company except in the manner and to the extent herein stated.

American States Insurance Company

POWER OF ATTORNEY

Principal: US CONTRACTORS INCORPORATED DBA UNITED SERVICES DKI DBA 1 800 BOARD UP			
Agency Name: KOESTER & BROWN INSURANCE INC	Bond Number: 32S153117		
Obligee: Board of Commissioners of the County of Lake, State of IN, and any Cities and Towns in Lake Co., IN			
Bond Amount: (\$5,000.00) Five Thousand Dollars And Zero Cents			
KNOW ALL PERSONS BY THESE PRESENTS: that American States Insurance Company, a corporation duly organized under the laws of the State of Indiana (herein collectively called			

the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikolajewski in the city and state of Seattle, WA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duty signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.



American States Insurance Company

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

(POA) verification inquiries, HOSUR@libertymutual.com On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American States Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duty authorized officer.

IN WITNESS WHEREOF. I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



esa Pastella, Nota

nd/or Power of Attorney of 610-832-8240 or email it

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of American States Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer of other foliaid of the Corporation subnitude of that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may presently, shall appoint such altomate-in-fact, as may be necessary to act in healf of the Corporation in make, execute, seal, acknowledge and deliver as surely any and all undertailings, bonds, recognizances and other surely obligations. Such altomate-in-fact, subject to the limitations set forth in their response of altimory, shall have full power both of the Corporation by their signature and executed, such instruments shall be as brinding as i signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Scoretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization — By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of American States Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 6th day of December

