NOT AN OFFICIAL DOCUMENT

Continuation Certificate GENERAL CONTRACTOR

IN CONSIDERA	TION of the payr	nent of a premium	of \$ 100.00					
	al Insurance Com		ontinues in force to	- 10-23-2025	;			
					100	ner.		_
its bond No	0139207	effective	10/23/2019		, in	tne	sum	OI
FIVE THOUSAN	ND AND NO/100-	-		Dollars (\$ 5,000.00	<u>)</u> ,	on	behalf	of
AUSTGEN EQU	JIPMENT, INC.							
	<u> </u>							_
represented by ((if applicable)			, F	rincip	al, ir	n favor	of
Board of Comm	issioners of Lake	County, State of In	ndiana and ALL Cities, Town	s or Municipalities in L	ake C	Coun	ty,	
Indiana	0	<u> </u>						
Obligee subject	to all its terms, co	onditions and limita	tions as set forth and expres	sed in said bond.				
Dated this	A CONTRACTOR OF THE CONTRACTOR	SEPTEMBER	0.					
				-				
		lease Return Or Return Premiu	riginal Continuation Cert m.	· M			ney	
		Ī	FOERATED /SURANCE (**)* PO Box 328 Owatonna, MN 55060	Cord	9,			



GINA PIMENTEL RECORDER STATE OF INDIANA

2024-029985

LAKE COUNTY RECORDED AS PRESENTED

2024 Oct 16 8:43 AM



NOT AN OFFICIAL DOCUMENT

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That FEDERATED MUTUAL INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of Minnesota, and having its principal office in the City of Owatonna, State of Minnesota, does hereby constitute and appoint;

	KARI GIGSTEAD	of the City of	OWATONNA	State	
of	MINNESOTA	MINNESOTA its true and lawful attorney for the following purposes:			
and per	To sign its name as surety to, a	nd to execute, affix the seal, a	cknowledge and deliver any and a	ll surety bond	

FIVE THOUSAND DOLLARS (\$5,000) EACH

AUSTGEN EQUIPMENT, INC. LOWELL. IN

The execution of such bonds or undertakings in pursuance of these presents shall be binding upon the Company as if they had been executed and acknowledged by the regularly elected officers of the Company.

This Power of Attorney granted by Federated Mutual Insurance Company shall terminate when the designee ceases to be:

- 1) Employed by Federated Mutual Insurance Company or
- Employed by Federated Mutual Insurance Company in a job for which such Power of Attorney is required.

IN WITNESS WHEREOF, the said FEDERATED MUTUAL INSURANCE COMPANY has caused this instrument to be signed and its corporate seal to be affixed by its Executive Vice President and Assistant Secretary this the day of December 2022



FEDERATED MUTUAL INSURANCE COMPANY

Ssistant Secretary

STATE OF MINNESOTA COUNTY OF STEELE

On this 21st day of December, 2022 personally appeared before me, the undersigned notary public, Sean G. Pick and Jonathan R. Hanson to me personally known, who, each being duly sworn by me, did say that they are respectively the Executive Vice President and Assistant Secretary of the FEDERATED MUTUAL INSURANCE COMPANY and that the seal affixed to this instrument is the corporate seal of said Corporation and that this instrument was signed and sealed of behalf of said Corporation by authority of its Board of Directors and said Sean G. Pick and Jonathan R. Hanson acknowledge said instrument to be the free act and deed of said corporation.



(SEAL)

NOT AN OFFICIAL DOCUMENT

COPY OF RESOLUTION

"BE IT RESOLVED that the President or any Vice President in conjunction with the Secretary is hereby authorized and empowered under the corporate seal of the Company, to appoint any person or persons as attorney or attorneys-in-fact, or agent or agents of the Company, in its name and as its act to execute and deliver, anywhere in the United States or Canada, any and all bonds and undertakings of suretyship and other documents that the ordinary course of surety business may require."

"BE IT FURTHER RESOLVED that the Power of Attorney or other document appointing such person or persons as attorney or attorneys-in-fact or agent or agents of the Company may either be personally signed by the President, any Vice President, the Secretary or may be executed by said officers by means of facsimile signatures. The said personal signatures or facsimile signatures shall not require the Company seal or any other seal and shall be valid and binding on the company if executed either by personal signature or facsimile signature and with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am a Executive Vice President of the FEDERATED MUTUAL INSURANCE COMPANY, a Corporation duly organized and existing under the laws of the State of Minnesotta and that the foregoing is a true and complete copy of the original Power of Attorney given by said Company to:

KARI GIGSTEAD	of	OWATONNA, MINNESOTA
authorizing and empowering such person to revoked and is still in full force and effect.	sign bonds as th	erein set forth, which Power of Attorney has never been
meeting of the Board of Directors of said Co Owatonna, Minnesota on the <u>20th</u> day of <u>Apr</u> is a true and correct copy of said resolution,	mpany duly cal il, 19 82 at which and the whole the	iven in pursuance of a resolution adopted at a regular led and held at the office of the Company in the City of shreeting a quorum was present and that the foregoing nereof as recorded in the minutes of the said meeting.
		nsurance Company, Article 8, Section 1; in the absence formed by the Assistant Secretaries in the order of their
IN TESTIMONY WHEREOF, I has MUTUAL INSURANCE COMPANY this t		t my hand and affixed the seal of the FEDERATED day of SEPTEMBER 2024
The state of the s	,	
(1) A	FE	DERATÉD MUTUAL INSURANCE COMPANY
(SEAL)		SeanPier
	Exc	ecutive Vice President