

NOT AN OFFICIAL DOCUMENT



LICENSE OR PERMIT BOND

Bond No.: 999361864

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KNOW ALL BY THESE PRESENTS, That we, Synergid, Inc. DBA Paul Davis Restoration of Northcentral Indiana
Fort Wayne, IN 46808 as Principal, of 3010 Butler Ridge Pkwy,
The Ohio Casualty Insurance Company, a New Hampshire corporation, as Surety, are held
 and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana, and any Cities and Towns
in Lake County, Indiana, of 2293 N Main St Ste B, Crown Point, IN 46307-1854
, as Oblige, in the sum of Five Thousand Dollars And Zero Cents

(\$5,000.00)
 for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns,
 jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 22nd day of October, 2024.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT WHEREAS, the Principal has been or is about to be
 granted a license or permit to do business as Restoration
 by the Oblige.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in
 conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER:

1. This bond shall continue in force:
 Until 22nd day of October, 2025, or until the date of expiration of any Continuation
 Certificate executed by the Surety

OR

Until canceled as herein provided.

2. This bond may be canceled by the Surety by the sending of notice in writing to the Oblige, stating when, not less
 than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

**I affirm, under the penalties for perjury, that I
 have taken reasonable care to redact each social
 security number in this document, unless
 required by law.**

Synergid, Inc. DBA Paul Davis Restoration of
 Northcentral Indiana
 By [Signature] Principal

The Ohio Casualty Insurance Company



By Timothy A. Mikolajewski
 Timothy A. Mikolajewski Attorney-in-Fact

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1165-11256 6/97

Liberty Mutual Surety Claims • P.O. Box 34526, Seattle, WA 98124 • Phone: 206-473-6210 • Fax: 865-548-6837
 Email: HOSCL@libertymutual.com • www.LibertyMutualSuretyClaims.com

GINA PIMENTEL
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED
 2024-030537
 12:28 PM 2024 Oct 23

NOT AN OFFICIAL DOCUMENT



POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Synergid, Inc. DBA Paul Davis Restoration of Northcentral Indiana

Agency Name: Feather Insurance Inc.

Bond Number: 99936164

Office: The Board of Commissioners of the County of Lake, State of Indiana, and any Cities and Towns in Lake County, Indiana

Bond Amount: (\$5,000.00) Five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (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 its 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 so binding upon the Company as if they have been duly 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 1st day of August, 2024.



The Ohio Casualty Insurance Company

By: *[Signature]*

Nathan J. Zangreba, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY 55

On this 1st day of August, 2024, before me personally appeared Nathan J. Zangreba, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporation by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 31, 2025
Commission Number 117624
Notary, Pennsylvania Association of Notaries

By: *[Signature]*

Teresa Pastella, Notary Public

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

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

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested 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 Nathan J. Zangreba, Assistant Secretary to appoint such attorneys-in-fact 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 signature of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, whenever 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 attested.

I, Terese C. Ulewaly, the undersigned, Assistant Secretary, of The Ohio Casualty 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 22nd day of October, 2024.



By: *[Signature]*

Terese C. Ulewaly, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value quotations.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-692-9240 or email HOSU@libertymutual.com.