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Bond No. 1025300

MAINTENANCE BOND

KNOW ALL MEN BY THESE PRESENTS, THAT Lockhart Development Co.,
(hereinafter referred to as the PRINCIPAL) as PRINCIPAL, and Lexon Insurance Co.,
a corporation organized under the laws of the State of Texas,
having its principal place of business in the City of Louisville, Kentucky,
(hereinafter referred to as the SURETY) as SURETY, are and firmly bound unto the
EXECUTIVE OF THE COUNTY OF SUMMIT, OHIO, (hereinafter called the OBLIGEE)
in the sum of \$56,616.00 DOLLARS, for the payment whereof to the OBLIGEE the
PRINCIPAL binds himself, herself, themselves, itself, his, her, their, its, heirs,
administrators, executors, successors and assigns and the SURETY binds itself, its
successor and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, said PRINCIPAL has presented the record plat of the
Allotment located in Lot(s) 6, Tract 8, Section , Springfield Township,
County of Summit, Ohio, to the OBLIGEE for its approval, and for its dedication and
establishment of the streets, roads and public ways shown on said record plat, and for
its acceptance of the same and the easements shown thereon for public uses; and

WHEREAS, the Summit County Planning Commission did on 10/15/09 give
preliminary approval of said allotment, and on 10/15/09 did give final approval thereto,
subject to the completion of all conditions precedent as prescribed by the Rules and
Regulations of the EXECUTIVE OF THE COUNTY OF SUMMIT, OHIO, adopted by
them as made effective on March 17, 2008, and made a part of hereof as though fully
written herein; and

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WHEREAS, pursuant to Section 711.101 Revised Code the OBLIGEE did adopt as effective March 17, 2008, certain Rules and Regulations governing the subdivision of lands in the unincorporated area of Summit County and which did establish, among other things, standards and specifications for the construction of streets, roads, open and closed storm sewer systems, bridges and all appurtenances and easements to these requirements and the conditions set forth therein for a period of two years after the said streets, roads open and/or closed storm sewer systems, bridges and all appurtenances and easements to these requirements have been completely constructed to the satisfaction of the County Engineer and OBLIGEE; and

WHEREAS, the County Engineer did on 12/4/2009 recommend a Maintenance Bond in the amount of \$56,616.00 DOLLARS to insure the maintenance of the STORM SEWER (X), PAVING (X), MISCELLANEOUS(X) as itemized and on file with the Summit County Engineer as required by said final stage of construction.

NOW THEREFORE, if the PRINCIPAL shall maintain said STORM SEWER (X), PAVING (X), MISCELLANEOUS (X) until release of this bond by Summit County Engineer and the OBLIGEE, said release to occur no earlier than two years after the said STORM SEWER (X), PAVING (X), MISCELLANEOUS (X) has been completely constructed and approved by the Summit County Engineer, said maintenance to be conducted in accordance with the requirements and conditions set forth in aforementioned Rules and Regulations, all to the complete satisfaction of the County Engineer and the OBLIGEE, and if the said PRINCIPAL shall save said OBLIGEE harmless from any and all actions, loss, injury, damage or liability of whatsoever nature arising by reason of the condition of said STORM SEWER (X), PAVING (X), MISCELLANEOUS (X) during said final stage of construction and shall pay all just and lawful claims for labor performed upon, and for material, fuel and machinery furnished

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for said improvement, it being understood that this undertaking shall be for the use of any laborer, fuel, machinery or material man having a just claim, as aforesaid, as well as for the OBLIGEE, then this obligation shall be void; otherwise it shall remain in full force and effect.

IN WITNESS THEREOF, we have hereunto set our hands this 4th day of December, A. D., 2009.

PRINCIPAL: Lockhart Development Co.

SURETY: Lexon Insurance Company



By: 
_____ Ted Sherman-Attorney-in-Fact

Please attached Power of Attorney and Certificate of Compliance.

APPROVED AS TO FORM:

ASSISTANT PROSECUTING ATTORNEY
SUMMIT COUNTY, OHIO

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Effective Date: March 24, 2004

Expiration Date: April 1, 2010

State of Ohio
Department of Insurance

Certificate of Authority

This is to Certify, that

LEXON INSURANCE COMPANY

NAIC No. 13307

is authorized in Ohio to transact the business of insurance as defined in the following section(s)
of the Ohio Revised Code:

Section 3929.01 (A)

Fidelity

Surety

This Certificate of Authority is subject to the laws of the State of Ohio.



Ted Strickland, Governor


Mary Jo Hudson, Director

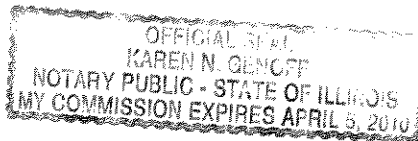
STATE OF ILLINOIS (
(SS
COUNTY OF COOK (

I, Karen N. Genoff A Notary of Public of Cook County, State of Illinois do Hereby Certify that Ted Sherman Attorney in Fact of Lexon Insurance Company Who is Personally Known to me to be the Same Person Whose Name is Subscribed to the Foregoing Instrument, Appeared Before Me This Day in person and Acknowledged That he Signed, Sealed, and Delivered Said Instrument, For and on Behalf of Lexon Insurance Company of Lombard, IL, Texas Corporation for the Uses and Purposes Therein Set Forth.

Given Under My Hand and Notarial Seal at My Office in Chicago, Illinois in Said County This 4th Day of December , 2009.

My Commission Expires

[Handwritten signature of Karen N. Genoff]
NOTARY Karen N. Genoff



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POWER OF ATTORNEY

LX - 59182

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Ted Sherman, Craig Sherman, Judy Blaigne, Karen Genoff *****

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$2,500,000.00, Two-million five hundred thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 2nd day of July, 2003.



LEXON INSURANCE COMPANY

BY [Signature] David E. Campbell President

ACKNOWLEDGEMENT

On this 2nd day of July, 2003, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

OFFICIAL SEAL MAUREEN K. AYE Notary Public, State of Illinois My Commission Expires 09/21/09

[Signature] Maureen K. Aye Notary Public

CERTIFICATE

I, the undersigned, Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 4th Day of December, 20 09



[Signature] Donald D. Buchanan Secretary

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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ACORD TM **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
12/07/2009

PRODUCER The Wayne Agency Company, Inc. 2044 Second Street PO Box 308 Cuyahoga Falls, OH 44221	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED LOCKHART DEVELOPMENT CORP; C/O THE WAYNE AGENCY PO BOX 308 CUYAHOGA FALLS, OH 44222-0308	INSURER A: Westfield Insurance	24112
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TRA 3 154 147	05-16-2009	05-16-2010	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TRA 3 154 147	05-16-2009	05-16-2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	TRA 3 154 147	05-16-2009	05-16-2010	EACH OCCURRENCE	\$ 3,000,000
						AGGREGATE	\$ 3,000,000
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	TRA 3 154 147	05-16-2009	05-16-2010	WC STATUTORY LIMITS	OT-HER
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Summit County Engineer Planning Commission is listed as Additional Insured for the project known as: Meadows of Wintergreen Phase II Lot 6 Tract 8 in Springfield Township Summit County, Ohio.

CERTIFICATE HOLDER

Summit County Engineer Planning Commission
 538 E South Street
 Akron, Ohio 44311

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE


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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.