Please submit bond via: bit.ly/codbondapplication or mail/deliver to: Building, Safety Engineering & Environmental Department Licensing & Permits 402 Coleman A. Young Municipal Center, Detroit, Michigan 48226. Office Hours: 8:30 A.M. to 4:30 P.M.

UNIFORM SURETY BOND

66358523 (SURETY BOND NUMBER)

	Phillips Sign & Lighting In	C. as principal
Business Address (2)	40920 Executive Dr., Harrison	•
and (3)	Auto Owners Insurance	
re held and firmly bou	nd unto the City of Detroit, Count	y of Wayne, State of Michigan, in the penal sum of
4)	Two Thousand Five Hundred	Dollars.
hich payment well a	nd truly to be made, we and e	paid to the City of Detroit, or to its certain Attorney, to sach of us do bind ourselves, our heirs, executors, and of them firmly by these presents.
re inherent in the occ rovided that the princi	upation of (5) Builder of Artificial St	ay perform the lawful services by permit or license that one Sidewalks(Right-of-way, plumbing, soil borings, etc.) is stated in said resolution or code of the City of Detroit
	onditions that may be required	under any present or future ordinances or codes that
armless and indemni ind and nature which he faithful performan oid, otherwise to rem 7)	fy the City of Detroit from all clans may arise by reason of the issue of the terms of said ordinan ain in full force and effect. Co 2023, and expiring	obligation is such that the said principal shall save aims, damages, expenses, suits and proceedings of every uance of said permit and/or license, and shall observe ce, code, or permit, then this obligation to be null and verage hereunder shall be for the term starting as of on (8) December 31 (SEE INSTRUCTIONS) December 20 23
igned, sealed and dated tl ealed and delivered in pro		20 23
	OPRINCIPAL LUM ignature of Witness)	(9) Children of Principal) (Scal, if a Corporation) (10) ED PAWLES
4) 40920 EX Havir 1300 T	or type name of witness) CUTIVE DYIVE ND 1M1 480 45 Address of witness)	(Print or type utile of Principal) (Print or type utile of Principal)
WITNESS T	OSURETY NO FOLLIC	(15) Auto Owners Insurance Company
9)_ Annmarie Falkiew	ignature of witness)	(16) Silvane of Sufety Complant)
(Print c	r type name of witness)	(Signature of Attorney-in-Fact)
0) 36120 Green Stree	, New Balitmore, MI 48047	(17) Susan E. Starnes
t/	ddress of witness)	(Print or type name of Attorney-in-fact)
	APPROVED AS TO FO	RM AND EXECUTION
	Date 1/23/2024	Reg. No. <u>B98368</u>
		. 1
	Daniel	Acking.