MASTER PLUMBER CODE COMPLIANCE BOND

TO BE COMPLETED BY YOUR SURETY COMPANY

B: 1 8 2000			BOND NO	0702 34 19
Curtis J. Kopp/Kopp Plumbing & Heating, Inc.				
Company Name or, if	hone, the Master Plumber's Nan	ne		
RR 1 Box 45F		Madison Lake	MN	56063
Plumbing Company Address		City	State	Zip
as principal, and	TRI-STATE INSURANCE C	O OF MINNESOTA	(402) 421-4399	Sec. in the sec
Surety Company Name			Telephone No.	the second second second
One Roundwind Road		Luverne	MN	56156
Surety Company Address		City	State	Zip

a corporation licensed to do business in the State of Minnesota, as Surety, are jointly and severally held and firmly bound to the State of Minnesota, as Obligee, in the sum of TWENTY FIVE THOUSAND DOL-LARS (\$25,000) for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents.

WHEREAS a master plumber's license has been issued by the Obligee to the above Principal; and WHEREAS Minnesota Statutes, section 326.40, subdivision 2, requires a bond for all plumbing work entered into with the state.

NOW, THEREFORE, the condition of this obligation is such that, if undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing codes as required pursuant to Minnesota Rules, Chapter 4715, then this obligation shall be null and void; otherwise, it shall remain in full force and effect for a period not to exceed one year ending December 31st. The period of this bond is <u>February 1</u>, 2000 through December 31, 2000. During the term of this obligation, the Principal and Surety will pay unto the Obligee, or as otherwise directed by the Obligee, the amount needed to correct noncomplying plumbing work, not to exceed TWENTY FIVE THOUSAND DOLLARS (\$25,000) for the benefit of persons injured or suffering financial loss by reason of failure to comply with the requirements of the plumbing code, Minnesota Rules, Chapter 4715.

FURTHERMORE, it is understood and agreed that:

Wy Commission Expires Jun 31, 2005

1. The aggregate liability of the Surety hereunder pertains to all claims arising during the parod above.

2. In the event the bond does not provide for correction of all noncomplying plumbing work, the bond baid of by the undersigned Surety does not relieve the undersigned Principal of liability for correcting horizontal of plumbing work by said Principal or persons working under said Principal's supervision.

3. This bond is a continuous obligation which may be canceled at any time as to further liability upon the Surety's giving at least fifteen (15) days written notice to the Commissioner of Health. In the event of cancellation, the Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the fifteen (15) day notice period.

Signed and sealed this 15	othday ofFebru	iary , 200	0	
Curt Kopp PRINT - Master Plumber's Name	2139 PM License No.	Surety Corp. TRI-STA	TE INSURANCE CO O	F MN
(Signature) Kyp	President	ByAttorney in Fact	M.F. Loeb	SEAL
THE REVERSE SIDE OF THIS	FORM MUST ALSO BE CON	PLETED AND THE POWER	FILED	ED 78
NERAL HOTARY-State of Nebrasia D. MARIA BEEMAN My Comm. Evo. March 28, 2001	118	7 MAR 032	2000 TENEST	1207

ACKNOWLEDGEMENT OF INDIVIDU	UAL OR PARTNERSHIP CONTRACTOR
County of	SS.
On thisday of	,, personally came
to me well known to be the identical p	berson(s) described in and who executed the foregoing the same to be his/her/their own free act and deed.
Notary Public	// (SEAL)
My commission expires/	
Date	
B	
ACKNOWLEDGEMENT OF CORPOI	RATE CONTRACTOR
STATE OF MINNESOTA	
County of Blue EARTH	SS.
	Λ
On this 2817 day of teb	,220, personally came Curtis J. Kopp who
on	
being by me duly sworn, did say that	he/she is thesident of
Kop Plants & Host of The	a Sh S
and that said instrument was available	a corporation;
that he /she askes used and asid is the	ed in behalf of the corporation by authority of its Board of Directors
that ne/sne acknowledged said instru	ment to be the free act and deed of the corporation.
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Notary Public	Date
	Z/ J DODE NOTARY PUBLIC-MINNESOTA
My commission expires	My Commission Expires Jan. 31, 200
Date	Server and the server
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ACKNOWLEDGEMENT OF CORPOR	RATE SURETY
NEBRASKA	
STATE OF MINNESOTA	
County of LANCASTER	SS.
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On this 15thday of February	, <u>2000</u> , personally cameM.F. Loeb and
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to me personally known	n, who being by me duly sworn, did say that he/she is the attorney
fact, of TRI-STATE INSURANCE CC	
	al affixed to the foregoing instrument is the corporate seal of the sa
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	Was executed in behalt of said corporation by authority of its
corporation; and that said instrument	was executed in behall of said corporation by autionity of its
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POWER OF ATTORNEY TRI-STATE INSURANCE COMPANY OF MINNESOTA Luverne, Minnesota

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS: that the TRI-STATE INSURANCE COMPANY OF MINNESOTA, does hereby make, constitute and appoint

M.F. Loeb or N.J. McMeen of Lincoln, NE

its true and lawful Attorney-in-Fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed any and all bonds, recognizances, stipulations or undertakings excluding, however, any bonds or undertakings guaranteeing payment of loans or the interest thereon. This Power of Attorney is not valid or in effect unless it is attached to the bond on which the execution is authorized by the said Power of Attorney. The acknowledgement and execution of any such document by the said Attorney-in-Fact, shall be as binding upon this company as if such bond had been executed and acknowledged by the regularly elected officers of this company.

This Power of Attorney is not valid or in effect unless it is attached to the bond on which the execution is authorized by the said Power of Attorney. The acknowledgment and execution of any such document by the said Attorney-in-Fact, shall be as binding upon this company as if such bond had been executed and acknowledged by the regularly elected officers of this company.

The Tri-State Insurance Company of Minnesota further certifies that this Power of Attorney is granted and is executed and sealed under and by authority of the following resolution adopted by the Board of Directors of the Tri-State Insurance Company of Minnesota at a meeting duly called and held on the 29th day of April, 1974, to wit:

"RESOLVED, that the President, Vice President, Secretary, Treasurer, Assistant Secretary or Assistant Treasurer may appoint Attorneys-in-Fact or agents or Resident Vice Presidents or Resident Assistant Secretary who shall have authority to issue bonds, policies, or undertakings in the name of the Company, subject to such rules, restrictions and regulations as such officers may prescribe."

In Witness Whereof, the said Tri-State Insurance Company of Minnesota, a Minnesota corporation, has caused this instrument to be executed by its President with its corporate seal affixed this 1st day of November, 1990.



TRI-STATE INSURANCE COMPANY OF MINNESOTA

Curte Bloemondowl

By: Curtis W. Bloemendaal, President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE BACKGROUND WITH RED AND BLUE BORDER.

STATE OF MINNESOTA) COUNTY OF ROCK) SS

On this day, before the undersigned, a Notary Public in and for said County and State, personally came the above named officer of the TRI-STATE INSURANCE COMPANY OF MINNESOTA, to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged the execution of said instrument to be the voluntary act and deed of the TRI-STATE INSURANCE COMPANY OF MINNESOTA and his voluntary act and deed as an officer of said corporation, and that the seal of said corporation was affixed to said instrument by the authority and direction of said corporation.

Witness my hand and my Notarial Seal at Luverne, Rock County, Minnesota, the day and year last written above.

JUCY MILLER NOTARY PUBLIC + MINIES ROCK COUNTY My Camera, Expires 1-31-2000

by Miller

Notary Public

CERTIFICATE



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I, The undersigned, Assistant Secretary of TRI-STATE INSURANCE COMPANY OF MINNESOTA do hereby certify that the foregoing power of attorney and the above Resolution of its Board of Directors are true and correct copies and are in full force and effect on this date.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the corporation this 15th day of February 2000

Assistant Secretary