

Master Plumber Code Compliance Continuation Bond

(To be completed by your Surety Company.)

The \$40 filing fee must be submitted with this bond, made payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2). A Certificate of Insurance may be submitted. An Acord form or any other certificate of insurance will not be accepted.

Master Plumber Name Timothy H. McGuire Bond No. CSD0010006
Type or Print (do not enter the plumbing company name)

Address 20830 Holt Avenue South Lakeville MN 55044 (952) 469.4988
Street City State Zip Phone No.

Plumbing Company Name McGuire Mechanical Services, Inc.
Type or Print. Must be the same as filed the previous year.

Address 20830 Holt Avenue South Lakeville MN 55044 (952) 469.4988
Street (Must be the same as filed the previous year.) City State Zip Phone No.

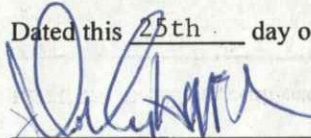
Date Original Bond Issued 11 / . 8 / 1999 in the amount of \$25,000 as required by statutes.

Surety Company Name REDLAND INSURANCE COMPANY
Type or Print

Address 25 Main Place Council Bluffs IA 51502 (913) 338.0604
Street City State Zip Phone No.

The bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for an extended term ending **December 31, 2002**.

Dated this 25th day of October, 2001.


Master Plumber's Signature License No. PM002751


Timothy H. McGuire


State of Minnesota
COUNTY OF Wabasha
Subscribed and sworn before me



Goldie M. Degross 11 15 01
Notary Public Date

My commission expires 1 13 1 2005


NOV 2001
FILED
REDLAND INSURANCE COMPANY
Surety Company Name


Authorized Signature of Surety
Linda K. French, Attorney-in-Fact

(SEAL)

Notice to Individual Applicants: Under Minnesota Statutes 13.41, all data, except your name and address, submitted in this application are considered private until you are issued a credential. When you become credentialed, all data in this application become public, except your social security number.

Notice to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except for the social security number of any responsible person, which is private.

If you require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD: (651)215-0707 or for Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700.

RETURN: Bond form, certificate of insurance (if submitted) and \$40 filing fee to:



Minnesota Department of Health
Plumbing Program
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975
(651)215-0836

Office use only: Fee: 40.00 CCK 1645005

Deposit Date: NOV 15 2001

Deposit No.: 071

0104158

POWER OF ATTORNEY

ACCEPTANCE INSURANCE COMPANY

REDLAND INSURANCE COMPANY

CSD 0010006

KNOW ALL MEN BY THESE PRESENTS: That ACCEPTANCE INSURANCE COMPANY AND REDLAND INSURANCE COMPANY (Collectively referred to as "Company"), having its executive Offices in County of Douglas, State of Nebraska, has made, constituted and appointed, and does by these presents make, constitute and appoint:

Bruce N. Telander
Donald R. Olson
Mary L. Charltes

John P. Martinsen
John E. Tauer
Linda K. French

R. Scott Egginton
Gary S. Soderberg

R. W. Frank
Dennis J. Linder

its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, seal, acknowledge and deliver any and all bonds, undertakings, recognizances or other written obligations in the nature thereof in any amount up to \$3,000,000 for any single obligation and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises.

This power of attorney is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 18th day of October, 1993, and said Resolution has not been amended or repealed:

"RESOLVED, that the Chairman of the Board, the President, an Executive Vice President or a Vice President be, and that each of them is, authorized to execute Powers of Attorney qualifying the Attorney(s)-in-Fact named in the given Power of Attorney to execute in behalf of the Company, bonds, undertakings and other instruments of similar nature, and said officers may rename any such Attorney(s)-in-Fact or agent and revoke any Power of Attorney previously granted to such person.

FURTHER RESOLVED, that the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with respect to any bond, undertaking or instruments of similar nature to which it is attached."

IN WITNESS WHEREOF, the Company has caused these presents to be signed by its Vice-President and its corporate seal to be hereunto affixed this 25th day of October 2001.



ACCEPTANCE INSURANCE COMPANY
REDLAND INSURANCE COMPANY

by: John R. Svoboda
John R. Svoboda, Vice President

STATE OF NEBRASKA)
COUNTY OF DOUGLAS)^{ss}

On this 22nd day of April, 1999, before me personally came John R. Svoboda to me known, who, being by me duly sworn, did depose and say: that he is a Vice President of ACCEPTANCE INSURANCE COMPANY and REDLAND INSURANCE COMPANY, the Corporations described in and which executed the above instrument; that he knows the seals of said Corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Corporations and that he signed his name thereto by like order.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year herein first above written.

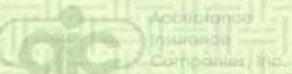


Carol A. Ern
Carol A. Ern, Notary Public

STATE OF NEBRASKA)
COUNTY OF DOUGLAS)^{ss}

I, the undersigned, Secretary of ACCEPTANCE INSURANCE COMPANY and REDLAND INSURANCE COMPANY, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the POWER OF ATTORNEY executed by said Companies which is in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors set forth in the Power of Attorney is now in force.

Signed and sealed at the County of Douglas. Dated the 25th day of October, 2001.



Peter A. Knolla
Peter A. Knolla, Secretary

IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT, YOU ARE URGED TO CONTACT OUR POWER OF ATTORNEY CUSTODIAN AT 402-344-8800 WHOSE OFFICE IS LOCATED AT 222 SOUTH 15th STREET, SUITE 600 N.; OMAHA, NE 68102.