

# 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 James Blasena Bond No. 555881  
Type or Print (do not enter the plumbing company name)

Address SAME AS BELOW ( )  
Street City State Zip Phone No.

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

Address 444 Maple Street Mahtomedi MN 55115 ( 651 ) 653-9390  
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 12 / 23 / 91 In the amount of \$25,000 as required by statutes.

Surety Company Name Capitol Indemnity Corporation  
Type or Print

Address PO Box 5900 Madison WI 53705 ( 608 ) 231-4450  
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 12th day of October, 2001.

x James Blasena  
Master Plumber's Signature pm003765

State of Minnesota }  
COUNTY OF Washington }  
Subscribed and sworn before me

Deanna L. Shobe 11 / 07 / 01

Notary Public Date  
My commission expires 1 / 31 / 05

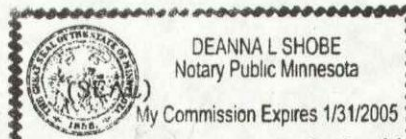
Capitol Indemnity Corporation

Surety Company Name

Linda L. Kuplic

Authorized Signature of Surety

Linda L. Kuplic, Attorney-in-fact



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/CEH/6133

Deposit Date: NOV 15 2001

Deposit No.: 071

0104163 9/2000



### ACKNOWLEDGMENT OF PRINCIPAL (Individual)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ } ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 19\_\_\_\_, before me personally come(s) \_\_\_\_\_, to me known and known to me to be the person(s) who (is) (are) described in and who executed the foregoing instrument and acknowledge(s) to me that \_\_\_\_\_ he \_\_\_\_\_ executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

### ACKNOWLEDGMENT OF PRINCIPAL (Partnership)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ } ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 19\_\_\_\_, before me personally come(s) \_\_\_\_\_, a member of the co-partnership of \_\_\_\_\_, to me known and known to me to be the person who is described in and who executed the foregoing instrument, and acknowledges to me that he executed the same as and for the act and deed of the said co-partnership.

\_\_\_\_\_  
NOTARY PUBLIC

### ACKNOWLEDGMENT OF PRINCIPAL (Corporation)

STATE OF Minnesota  
COUNTY OF Washington } ss.:

On this 07 day of November, in the year ~~2000~~ <sup>2001</sup>, before me personally come(s) Jeanne Blasena, to me known, who, being by me duly sworn, deposes and says that he resides in the City of Mahtomedi, MN that he is the President of the Century Plumbing Inc. the corporation described in and which executed the foregoing instrument; that he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

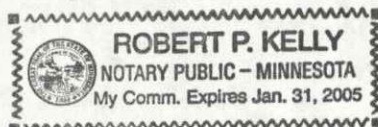
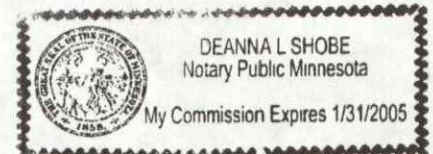
*Deanna L. Shobe*

\_\_\_\_\_  
NOTARY PUBLIC

### ACKNOWLEDGMENT OF SURETY

STATE OF Minnesota  
COUNTY OF Dakota } ss.:

On this 12th day of October, in the year ~~2000~~ <sup>2001</sup>, before me personally come(s) Linda L. Kuplic Attorney(s)-in-Fact of Capitol Indemnity Corporation with whom I am personally acquainted, and who, being by me duly sworn, says that he reside(s) in Inver Grove Heights, MN that he is (are) the Attorney(s)-in-Fact of Capitol Indemnity Corporation, the company described in and which executed the within instrument; that he know(s) the corporate seal of such Company; and that the seal affixed to the within instrument is such corporate seal and that it was affixed by order of the Board of Directors of said Company, and that he signed said instrument as Attorney(s)-in-Fact of the said Company by like order.



*Robert P. Kelly*  
\_\_\_\_\_  
NOTARY PUBLIC





# Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900  
PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900  
PHONE (608) 231-4450 • FAX (608) 231-2029

## POWER OF ATTORNEY

No: **582823**

**Know all men by these Presents,** That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

----- **ROBERT P. KELLY, PATRICK J. KELLY, LINDA L. KUPLIC OR ANGELA A. HAGEN** -----

its true and lawful Attorney(s)-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, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----- **NOT TO EXCEED \$3,000,000.00** -----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 5th day of May 1960:

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and 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 valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

**IN WITNESS WHEREOF**, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Secretary, this 1st day of June, 1999.

Attest:

*Virgiline M. Schulte*  
Virgiline M. Schulte, Secretary



**CAPITOL INDEMNITY CORPORATION**

*George A. Fait*  
George A. Fait, President

STATE OF WISCONSIN }  
COUNTY OF DANE

On the 1st day of June, A.D., 1999, before me personally came George A Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN }  
COUNTY OF DANE



*Jane F. Endres*  
Jane F. Endres  
Notary Public, Dane Co., WI  
My Commission Expires March 23, 2003

## CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains 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 City of Madison. Dated the 12th day of October, 2001.



*Paul J. Brethauer*  
Paul J. Brethauer, Treasurer

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.