

Unlicensed Plumbing Contractor Continuation Bond

(To be completed by your surety company.)

The \$40 filing fee must be submitted with this bond form, payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2).

Plumbing Contractor's Name Steve Carlson Bond No. 997706 66552712
Type or Print (do not enter the plumbing company name)

Address PO Box 132 Rush City MN ()
Street City State Zip Phone No.

Company Name Steve Carlson
Type or Print. Must be the same as filed the previous year.

Address PO Box 132 Rush City MN 55069 ()
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 12 / 23 / 1999 in the amount of \$25,000 as required by statute.

Surety Company Name Auto-Owners Insurance Company
Type or Print

Address PO Box 30660 Lansing MI 48909 (517) 323-1200
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, 2003.

Dated this 8th day of October, 2002.

[Signature]
 Plumbing Contractor's Signature

Auto-Owners Insurance Company
 Surety Company Name
[Signature]
 Authorized Signature of Surety
 Vernon Devers, Attorney-in-Fact

State of ~~Minnesota~~ Michigan)
 County of Eaton)
 Subscribed and sworn before me

Nancy Lou Smith 10 / 08 / 02
 Notary Public Nancy Lou Smith Date
 My commission expires 01 / 20 / 03

(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 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
 Phone: (651)215-0836



Office Use Only: Fee: \$40/CCM/14054
 Deposit Date: DEC 11 2002
 Deposit No.: 103

DATE AND ATTACH TO ORIGINAL BOND
AUTO-OWNERS INSURANCE COMPANY

LANSING, MICHIGAN
POWER OF ATTORNEY

NO. 997706 6652712

KNOW ALL MEN BY THESE PRESENTS: That the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, a Michigan Corporation, having its principal office at Lansing, County of Eaton, State of Michigan, pursuant to the following Resolution adopted by the directors of the said Company on January 27, 1971, to wit:

"RESOLVED, That the President or any Vice President or Secretary or Assistant Secretary of the Company shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity, and other writings obligatory in the nature thereof. Signatures of officers and seal of Company imprinted on such powers of attorney by facsimile shall have same force and effect as if manually affixed. Said officers may at any time remove and revoke the authority of any such appointee."

does hereby constitute and appoint

**Jim House, Suzanne K. Swezey, Vernon Devers, Joseph Mason
and/or Brian Harrant
Lansing, Michigan**

its true and lawful attorney(s)-in-fact, to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.,

without limitations

and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

IN WITNESS WHEREOF, the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, has caused these presents to be signed and

its corporate seal to be affixed by its authorized officer this 1st day of March, 1999.

Attest

T. J. Buda, Jr.

Secretary

John W. Fisher
John W. Fisher, President

STATE OF MICHIGAN } ss.
COUNTY OF EATON }

On this 1st day of March, 1999, before me a notary public, came the individual, to me personally known, who executed the preceding instrument and being by me duly sworn, said that he is the therein described and authorized officer of the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN: that the seal affixed to said instrument is the corporate seal of said Company and the said corporate seal and his signature were duly affixed by the authority and direction of the said Corporation.

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

My commission expires January 20, 2003

Nancy Lou Smith
Nancy Lou Smith

Notary Public

STATE OF MICHIGAN } ss.
COUNTY OF EATON }

T. J. Buda, Jr.

I, T. J. Buda, Jr., Secretary of the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, do hereby certify that the foregoing is a true and correct copy of Power of Attorney issued by said Auto-Owners Insurance Company of Lansing, Michigan, and that I have compared same with the ORIGINAL on file in the Home Office of said Company, and it is a correct transcript thereof, and of the whole of the said original, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In WITNESS WHEREOF, I have hereunto subscribed my name as Secretary, and affixed the corporate seal of the Company at the City of Lansing,

Michigan, this 8th day of October, 2002.

T. J. Buda, Jr.
Secretary

If the words "UNAUTHORIZED COPY" appears on the face of this document, it renders this document null and void.