

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 Randy G. Voigt Bond No. 702 31 87
Type or Print (do not enter the plumbing company name)
Address Box 86 Hwy 16 W Grand Meadow MN 55936 ()
Street City State Zip Phone No.
Plumbing Company Name Voigt Plumbing & Heating
Type or Print. Must be the same as filed the previous year.
Address Box 86 Hwy 16 W Grand Meadows MN 55936 ()
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 1 / 1 / 2000 in the amount of \$25,000 as required by statutes.

Surety Company Name TRI-STATE INSURANCE COMPANY OF MINNESOTA
Type or Print
Address One Roundwind Road Luverne MN 56156 (402) 421-4399
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, 2001**.

Dated this 3rd day of November, 2000.

Randy Voigt
Master Plumber's Signature

State of Nebraska)
COUNTY OF LANCASTER)
Subscribed and sworn before me

Brenda Kaufman 11, 3 00
Notary Public Date
My commission expires 1, 18, 04

TRI-STATE INSURANCE COMPANY OF MINNESOTA
Surety Company Name

N.J. McMeen
Authorized Signature of Surety
N.J. McMeen Attorney-in-Fact

GENERAL NOTARY-State of Nebraska
BRENDA KAUFMAN
My Comm. Exp. Jan. 18, 2004



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: 40.00/44/707
Deposit Date: NOV 16 2000
Deposit No.: 081

pm00 3828 0600073
19
3/2000

**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 18th day of May, 2000.

TRI-STATE INSURANCE COMPANY OF MINNESOTA



Curtis W. Bloemendaal

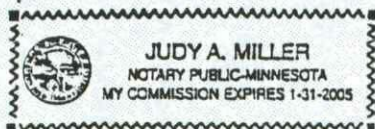
By: Curtis W. Bloemendaal, President

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.



Judy Miller

Notary Public



CERTIFICATE

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 3rd day of November, 2000.



211 LL

Assistant Secretary

