MASTER PLUMBERS BOND
TO BE COMPLETED BY YOUR BONDING AGENCY

KNOW ALL MEN BY THESE PRESENTS:  BOND NO. 93-21-8171-3F
THAT DORAN ENTERPRISES INC Of Plumbing Company Name, Individual's Name Only It No Company Name Used.
Plumbing Company Address as principal, and STATE FARM FIRE & CASUACTY CO.
Bonding Agency Name .
8500 STATE FARM WAY WOODBURY MN 55125-3379 Bonding Agency Address City State Zip
a corporation authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota, in the sum of TWO THOUSAND
DOLLARS (\$2,000) for the benefit of persons injured or suffering financial loss by reason of failure of performance as herein specified for the payment of which, well and truly to
be made, we bind ourselves, and each of us, our and each of our heirs, executors,
administrators, successors and assigns, firmly by these presents.
THE CONDITION of the above obligation is such that WHEREAS the said Principal is licensed as a Master Plumber.
NOW. THEREFORE if said Principal shall faithfully and lawfully perform all work
entered upon by him/her within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect.
This bond shall be effective and run concurrently with the period of the aforesaid
license from the date said license is granted in the current year which shall expire on December 31, 1991. The total liability of the Surety hereunder shall in no event
exceed the total sum of TWO THOUSAND DOLLARS (\$2,000).
Signed this 18Th day of October 1996.
Signed, sealed and delivered in the presence of:
(as to Principal)  THOMAS W. DORAW  PRINT / Master Plumber Name
THOMAS W DORAN
Master Plumber Signature
(as to Surety) Thomas ! Sullivar
THOMAS J. SULLIVEN By
Attorney in Fact
Countersigned by Minnesota Resident Agent, If Required
9603412
REVERSE SIDE MUST BE COMPLETED AND THE POWER OF ATTORNEY ATTACHED.
RETURN: Bond form, certificate of insurance, power of attorney and \$40.00 filing fee (payable to Minnesota Department of Health) to Minnesota Department of
Health, Plumbing Program, 121 Fast Seventh Place, Suite 220, P.O. Rox 8/49/75
St. Paul, MN 55164-0975. Phone: (612)215-0836.
OFFICE USE ONLY Feet 4000 475/ Dep. No.
WC
Reflew / GOS TO MILE HALL MAN THE METERS OF

## YOU MUST COMPLETE A and C or B and C

A.	ACKNOWLEDGEMENT OF INDIVIDUAL OR PARTNERSHIP CONTRACTOR
<b>V</b>	STATE OF MINNESOTA County of HONNEPIN  Ss.
	On this 18 day of October, 199 , personally came Homes W. Dorcan to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same to be his/her/their own free act and deed.  JULIE A. MARTIN MOTARY PUBLIC-MINNESOTA HENNEPIN COUNTY My Commission Expires Jan. 31, 2000  My commission Expires Jan. 31, 2000
В.	ACKNOWLEDGEMENT OF CORPORATE CONTRACTOR
	STATE OF MINNESOTA County of
	On this day of, 199, personally came
	who being by me duly sworn, did say that he/she is of
	, a corporation;
	Board of Directors; that he/she acknowledged said instrument to be the free act and deed of the corporation.  My commission expires
c.	ACKNOWLEDGEMENT OF CORPORATE SURETY
	STATE OF MINNESOTA County of NEWNEDIN ). SULLYAN
	On this day of, 199, personally came, and to me personally known, who being by me duly sworn, did
	say that he/she is the attorney in fact, of STATE FACH FILE + CASUALTY , the corporation whose name is affixed to the foregoing instrument; that the seal
	affixed to the foregoing instrument is the corporate seal of the said corporation; and
	that said instrument was executed in behalf of said corporation by authority of its
	board of directors and said THOMAS & SULLIVAN acknowledged that he/she executed
	said instrument as attorney in fact as the free act and deed of said corporation.
S.	JULIE A. MARTIN NOTARY PUBLIC-MINNESOTA