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 Nam	ne Ron Winter	S		Bo	nd No. 6898697	'3
	Type or Print (do no	t enter the plumbing company	name)			
Address 416 So. 1	MARN	SAUK COMES	mw &	2328	(320)352-	5253
Street		City	State	Zip	Phone No.	
Company Name Crown	Gas					
Type or Prin	t. Must be the same as t	filed the previous year.				
Address 416 S. Main,	Sauk Centre,	MN 56378		10	(320)30	.5753
Street (Must be the sai	me as filed the previous	year.) City	State	Zip	Phone No.	
Date Original Bond Issued	03 / 27	/00 in the amou	unt of \$25,000 as requ	uired by	statute.	
Surety Company Name Ty	WESTERN SI	URETY COMPANY				
Address 101 S. Ph	illips Ave.,	Sioux Falls, SD 5	7104-6703		(605) 336	-0850
Street	V4.00 (1980)	City	State	Zip	Phone No.	
The bond described above, extended term ending Dece Dated this12thd			ereby continued in fo	orce from	the date of last re	newal for an
0 0 1		BEST BUILDING	THE STATE OF			
Xul			WESTERN SURETY	COMPA	NY	
Plumbing Contractor's Signatur	re	14516177879 SI	irety Company Name			
State of Minnesota County of	3	A Auth	n. Bent orized Signature of Surety	THE PARTY OF	nt, Ass't. Sec.	
Subscribed and sworn befo	re me	DEG ZUUI	orized Signature or Surety			
P 22.		(MN) SECRETARY SMAN	WARAMARAMARAMAN ESTIMA			
Ester & Winter	a /1	1 120F9TOF \$ 6500	TO LOINER A MILA	(The same of the	1 1 5.5	
Notary Public	Date	Land &	PUBLIC - MIN	INFSOTA &	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
My commission expires	1/5//6	SANANA MANANA	My Comm. Exp. Jan.	31, 2005		
Notice to Individual Applic	eants: Under Minne	sota Statutes 13 41 all d	ata excent your name	and add	ress, submitted in	this
application are considered						
become public, except your					636	(S) &
		为其刑官官等 [14]			2 3	000
Notice to Corporate Applic social security number of a			ita submitted in this a	pplicatio	n are publicaexce	pt top the
If you require this documen	nt in another format	, such as large print, Bra	ille, or cassette tape, o	call (651)	215-0700, TOD	651)215-0707
or for Greater Minnesota th	nough the Minneso	ta Kelay Service at (800)	021-3327 and ask 101	(031)21	5-0700.	STAL STALL
RETURN: Bond form and	1 \$40 filing fee to:					
MINNESOTA	Minnesota Depar		Office Use	Only:	Fee: \$40 C	ch 4533
MDH		h Place, Suite 220	Deposit Date:_	DEC	1 1 2001	
	P.O. Box 64975 St. Paul, MN 551		Deposit No.:	E PALE	.087	1
DEPARTMENT OF HEALTH	Phone: (651)215-	0030.				

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

State of, it	s regularly electe	d Approcant Decretary
as Attorney-in-Fact, with full power and authority here	by conferred upo	on him to sign, execute, acknowledge and deliver for
and on its behalf as Surety and as its act and deed, all	of the following of	classes of documents to-wit:
Indemnity, Surety and Undertakings that may be desired equity, policies indemnifying employers against loss or dama fidelity bonds. Indemnity in all cases where indemnity may waivers to modify or change or extend any bond or documer or demands made or existing against said Company.	age caused by the be lawfully given;	and with full power and authority to execute consents and
Western Surety Company further certifies that the followood company duly adopted and now in force, to-wit:	wing is a true and	exact copy of Section 7 of the by-laws of Western Surety
Section 7. All bonds, policies, undertakings, Powers corporate name of the Company by the President, Secretary officers as the Board of Directors may authorize. The Preside appoint Attorneys-in-Fact or agents who shall have authority corporate seal is not necessary for the validity of any bo corporation. The signature of any such officer and the corporation.	y, any Assistant Se ent, any Vice Preside to issue bonds, p ends, policies, und	ent, Secretary, any Assistant Secretary, or the Treasurer may olicies, or undertakings in the name of the Company. The ertakings, Powers of Attorney or other obligations of the
In Witness Whereof, the said WESTERN SURE	TY COMPANY H	has caused these presents to be executed by its
Executive Vice President with the c	orporate seal affi	xed this <u>12th</u> day of <u>November</u> ,
_2001		
ATTEST a. Vieron		WESTERN SURETY COMPANY
Assistant Secreta	By _	Stephen T. Pate, Executive Vice President
Assistant Secret	ary	* Stephen 1. Fate, Executive vice Freshoen
STATE OF SOUTH DAKOTA		
COUNTY OF MINNEHAHA ss		
On this 12th day of November	, 2001	, before me, a Notary Public, personally appeared
Stephen T. Pate	and	A. Vietor
who, being by me duly sworn, acknowledged that they and Assistant Secretary, respectively, of the said WES the voluntary act and deed of said Corporation.	signed the above TERN SURETY (e Power of Attorney as <u>Executive Vice President</u> COMPANY, and acknowledged said instrument to be
D. KRELL		10 K. 00

Notary Public

My Commission Expires November 30, 2006