

# 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 Cernohlavek Bond No. 6059285  
Address 400 Wittman Drive Grand Rapids, MN 55744 (218) 326-8880  
Street City State Zip Phone No.

Plumbing Company Name Plumbing Direct  
Type or Print. Must be the same as filed the previous year.  
Address 400 Wittman Drive Grand Rapids, MN 55744 (218) 326-8082  
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued May 4, 2000 in the amount of \$25,000 as required by statutes.

Surety Company Name American States Insurance Company  
Type or Print  
Address P.O. Box 34526 Seattle, WA 98124-1526 (888) 844-2663  
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 re-extended term ending December 31, 2003.

Dated this 7th day of January, 2003.

Randy Cernohlavek  
Master Plumber's Signature

American States Insurance Company  
Surety Company Name

State of Minnesota  
COUNTY OF Ramsey  
Subscribed and sworn before me  
Cheryl Mattson 1.7.03  
Notary Public Date  
My commission expires 1.31.05

Cheryl Mattson  
Authorized Signature of Surety  
CHERYL MATTSON  
Notary Public - Minnesota  
My Commission expires 1/31/2005  
(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, 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 CCK/2271  
JAN 14 2003  
Deposit Date: \_\_\_\_\_  
124  
Deposit No.: \_\_\_\_\_

0304311



# American States Insurance Company

INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute and appoint \_\_\_\_\_

----- HAL TIFFANY, JR. -----

of Arden Hills and State of Minnesota  
its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings, provided, however,  
that the penal sum of any one such instrument executed hereunder shall not exceed

FIFTY THOUSAND AND NO/100 (\$50,000.00) DOLLARS -----  
and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company, which reads as follows:

"The Chairman, the President or any Vice-President (including any Executive Vice-President, Senior Vice-President, Second Vice-President or Assistant Vice-President) shall have power, by and with the concurrence with any other officer of the Corporation, to appoint Attorneys-in-fact as the business of the Corporation may require and to authorize any such person to execute, on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings, whether by way of surety or otherwise"

IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Second Vice-President, attested by its Assistant Vice-President and its corporate seal to be hereto affixed this 2nd day of June  
A.D. 19 97  
AMERICAN STATES INSURANCE COMPANY

ATTEST: [Signature]  
Assistant Vice-President

By Joseph F Heim  
Second Vice-President

STATE OF INDIANA }  
COUNTY OF MARION } SS

On this 2nd day of June, A.D., 19 97, before me personally came

Joseph F. Heim

, to me known, who being by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of American States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said

Joseph F. Heim further said that he is acquainted with Mark A. Lawrence and knows him to be the Assistant Vice-President of said Corporation; and that he executed the above instrument.

**BARBARA PONSLER, NOTARY PUBLIC  
MARION COUNTY, STATE OF INDIANA  
MY COMMISSION EXPIRES: 10/2/2000**

[Signature]  
Notary Public

STATE OF INDIANA }  
COUNTY OF MARION } SS

I, Mark A. Lawrence, the Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which is still in force and effect.

This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY which reads as follows:

"All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the president or any vice-president (including any Executive Vice-President, Senior Vice-President, Vice-President, Second Vice-President, or Assistant Vice-President) and the secretary, assistant secretary, or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimiles. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation."

In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this \_\_\_\_\_ day of \_\_\_\_\_  
A.D., 19 \_\_\_\_\_.

[Signature]  
Assistant Vice-President

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, WITH A RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — PRESENT IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OF THIS POWER OF ATTORNEY, CALL 317-262-6262 OR WRITE US AT P.O. BOX 1636, INDIANAPOLIS, IN 46206-1636.

WARNING  
THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK AND IF THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — IS NOT PRESENT IN ITS ENTIRETY.

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