

Unlicensed Plumbing Contractor Bond

(Applies to all persons other than licensed master plumbers.)

To be completed by your surety company.

Bond No. 702 41 66

Jon Rustad / Rustad Heating & Plumbing of

Company Name, if none, the plumbing contractor's name.

RR 3 Box 25A Fosston MN 56542 ()
Plumbing Company Address City State Zip Telephone No.
as principal, and TRI-STATE INSURANCE CO OF MN

One Roundwind Road Luverne MN 56156 (402) 421-4399
Surety Company Name City State Zip Telephone No.

a corporation licensed to do business in the State of Minnesota, as Surety, are jointly and severally held and firmly bound to the State of Minnesota, as Obligee, in the sum of **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the payment of which, we bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents.

NOW, THEREFORE, the condition of this obligation is such that, if the undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing code as required pursuant to Minnesota Rules, Chapter 4715, then this obligation shall be null and void; otherwise, it shall remain in full force and effect for a period not to exceed one year ending December 31 st. The period of this bond is January 12, 2001 through December 31, 2001. During the term of this obligation, the Principal and Surety will pay unto the Abligee, or as otherwise directed by the Obligee, the amount needed to correct noncomplying plumbing work, not to exceed **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure to comply with the requirements of the plumbing code, Minnesota Rules, Chapter 47 15.

FURTHERMORE, it is understood and agreed that:

1. The aggregate liability of the Surety hereunder pertains to all claims arising during the period defined above.
2. In the event the bond does not provide for correction of all noncomplying plumbing work, the bond paid by the undersigned Surety does not relieve the undersigned Principal of liability for correcting noncomplying plumbing work by said Principal or persons working under said Principal's supervision.
3. This bond is a continuous obligation which may be canceled at any time as to further liability upon the Surety's giving at least fifteen (15) days written notice to the Commissioner of Health. In the event of cancellation, the Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the fifteen (15) day notice period.

Signed and sealed this 15th day of January, 2001

Rustad Heating and Plumbing
Print - Plumbing Contractor Name

Surety Corporation TRI-STATE INSURANCE CO OF MN

Signature

Principal

BY

Attorney in Fact

M.F. Loeb

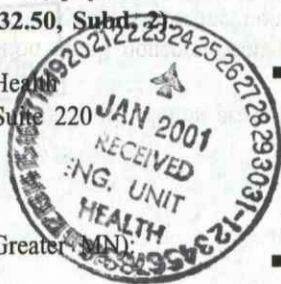
Seal

- The reverse side of this form must also be completed and the Power Of Attorney attached.
- The bond form must be accompanied by a \$40 fee, payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, Subd. 2).



Minnesota Department of Health
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55 164-0975

Minnesota Relay Service (Greater MN)
1/800/627-3529
Minnesota Relay Service (Metro): 297-5353



Office Use Only: Fee 40.00/pk/7A7

Deposit Date: JAN 25 2001

Deposit No.: 123

0100785

You must complete A or B and C

A. Acknowledgement of Individual or Partnership Contractor

State of Minnesota

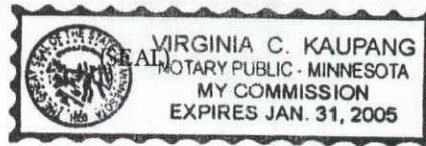
County of Polk } ss

On this 22 day of January, 2001, personally came Jon Rustad
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.

Virginia C. Kaupang
Notary Public

My commission expires 1/31/05
Date

1/22/01
Date



B. Acknowledgement of Corporate Contractor

State of Minnesota

County of _____ } ss

On this _____ day of _____, _____, personally came _____

who being by me duly sworn, did say that he/she is _____

of _____, a _____

corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she acknowledged said
instrument to be the free act and deed of the corporation.

Notary Public

My commission expires _____
Date

Date

(SEAL)

C. Acknowledgement of Corporate Surety

Nebraska

State of ~~Minnesota~~

County of Lancaster } ss

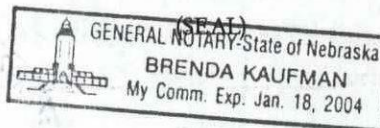
On this 15th day of January, 2001, personally came M.F. Loeb

And _____ to me personally known, who being by me duly sworn, did say that he/she
is the attorney in fact, of TRI-STATE INSURANCE CO OF MN, 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 M.F. Loeb acknowledged that he/she executed
said instrument as attorney in fact as the free act and deed of said corporation.

Brenda Kaufman
Notary Public

My commission expires 1/18/04
Date

1/15/01
Date



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.

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 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.

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

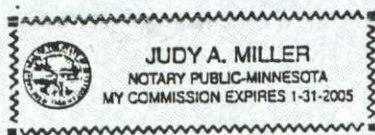
By: Curtis W. Bloemendaal, President

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 15th day of January, 2001.



M.F. Loeb
Assistant Secretary

