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 Mark F. Seifert	Bond No68940567			
Type or Print (do not enter the plumbing company name)				
Address15640 County Rd. 14 N. E., Eagle Bend, M	N 56446 ()			
Street	State Zip Phone No.			
Plumbing Company Name				
Type or Print. Must be the same as filed the previous year	63031-123			
	(800 \$ 189)			
Address	() (nec 2001 3)			
Street (Must be the same as filed the previous year.) City	State Zip Phone No. RECEIVEL			
Date Original Bond Issued 01 / 01 / 00 in the am	nount of \$25,000 as required by statues.			
Surety Company Name WESTERN SURETY COMPANY				
Type or Print				
Address 101 S. Phillips Ave., Sioux Falls, SD 571	04-6703 (605) 336-0850			
Street City	State Zip Phone No.			
The bond described above, and to which this certificate is attached, is hereb extended term ending December 31 , 2002 Dated this 12th day of October , 2001.	by continued in force from the date of last renewal for an			
Mark & Suffer (50 189 1011)	WESTERN SURETY COMPANY			
Master Plumber's Signature	urety Company Name			
State of Minnesota () JAM 2002	M. Bent, Ass't. Sec.			
COUNTY OF I add	Authorized Signature of Surety			
Subscribed and sworn before me (MN) OF STATE	OF THE MEDIA E JASMER			
Theolate Jasmer 12107 101	Notary Public Minnesota V TOPD COUNTY			
Notary Public Date My commission expires 0 1 131 105	My Comm. Expires January 31, 2005			
My commission expires 0/13/105	(SEAL)			
Notice to Individual Applicants: Under Minnesota Statutes 13.41, all data, e application are considered private until you are issued a credential. When y 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 sumbitted) 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: 140 CCK 2514
Deposit Date:

Deposit No.: 1 0 0

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

M. Bent

Form 672-4-2001

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

of Sioux Falls

State of	South	Dakota	, it	s regularly electe	d Assistant S	ecretary	
as Attorr	ney-in-Fac	ct, with full p	power and authority here				dge and deliver for
and on it	ts behalf	as Surety an	nd as its act and deed, all	of the following	classes of docume	ents to-wit:	
equity, po- fidelity bo- waivers to	olicies inde onds. Inde o modify o	emnifying emp emnity in all of change or e	rtakings that may be desired bloyers against loss or dama cases where indemnity may xtend any bond or documer ainst said Company.	age caused by the be lawfully given;	misconduct of their and with full power	employees; official and authority to e	l, bail, and surety and execute consents and
			urther certifies that the followin force, to-wit:	wing is a true and	exact copy of Sect	ion 7 of the by-lav	vs of Western Surety
corporate officers as appoint A corporate	name of the Board ttorneys-in seal is n	the Company d of Directors n-Fact or ager not necessary	sies, undertakings, Powers of by the President, Secretary may authorize. The Presidents who shall have authority of for the validity of any boy such officer and the corporate	y, any Assistant Se nt, any Vice Preside to issue bonds, p nds, policies, und	ecretary, Treasurer, ent, Secretary, any A olicies, or undertaki ertakings, Powers	or any Vice Presid Assistant Secretary, ings in the name o	ent, or by such other or the Treasurer may of the Company. The
Exe		hereof, the	said WESTERN SURE		has caused these xed this 12th	e presents to be	
2001							
ATTEST	(2.0	ieror	Pv.	WESTERN	SURETY C	OMPANY
			Assistant Secreta	ary	Ste	phen T. Pate, Exec	cutive Vice President
STATE O	F SOUTH	DAKOTA					
COUNTY			ss				
On t		tephen T. P		,2001	, before me, a A. Vi		ersonally appeared
	ng by me	duly sworn,	acknowledged that they ectively, of the said WES	signed the above		,	e Vice President d instrument to be
the volun			said Corporation.				
	S	D. KRE	2				
	SEAL	NOTARY P			10	11	
	2000	SOUTH DA	5		10	Kree	00
N			ჯაგაგაგაგა ♦ November 30, 2006			7	Notary Public