## 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 Tom Welker		F	Rond No.	69209899
Type or Print (do not enter the plumbing company name)	12 12 Pp		ond i.o.	
Address		. (	)	
Street City	State	Zip	Phone No.	780101175
Plumbing Company Name River Road Plumbing				60
Type or Print. Must be the same as filed the previous y	year.		1/2	1
				JAN 2002
Address 2204 Stoeke St., Grand Rapids, MN 55744		(	)	FILED
Street (Must be the same as filed the previous year.) City	State	Zip	Phone No.	(MN) SECRETARY OF STATE
Date Original Bond Issued 08 / 21 / 01 in the	amount of \$25,0	000 as req	uired by s	tatutes. 97 77 87 70
Surety Company Name WESTERN SURETY COMPANY				
Type or Print	ALC: TOTAL A		S. Paren	
Address 101 S. Phillips Ave., Sioux Falls, SD 5	7104-6703		605)	336-0850
Street City	State	Zip	Phone No	
The bond described above, and to which this certificate is attached, is he	reby continued i	in force fro	om the dat	te of last renewal for an
extended term ending December 31, 2002				
Dated this 11th day of October , 2001	•			
$\Omega$ , $\Omega$				
Tilames II 1. 1. Oh.	WESTERN	CIDETY	COMPAI	NTV
Martin Plantal Start			COMPA	NI
Master Plumber's Signature	Surety Compan	y Name		
State of Minnesota)	m.	Sent	- M. I	Bent, Ass't. Sec.
COUNTY OF I-LOSCE )	Authorized	Signature	of Surety	
Subscribed and sworn before me	Tumorizod	O I G I I I I I I I I I I I I I I I I I	or ourory	
You (1 Cl- 1 12 26 at				
12126101		RELI D. STO	OLIT	
Notary Public Date	Marie Carre			
My commission expires 1 / 3 / 2005	Notars.	EALLY-Min	nesota	
		Expires Jan		S SWINNEDGE X
Notice to Individual Applicants: Under Minnesota Statutes 13.41, al dat				
application are considered private until you are issued a credential. Whe	n you become c	redentiale	d, all data	in this application
become public, except your social security number.				02/2223243
Notice to Corporate Applicants: Under Minnesota Statutes 13.41, all data	a submitted in th	is applicat	ion are nu	be de un tou the
social security number of any responsible person, which is private.	i subilitied in th	пѕ аррпсан	ion are pu	iblice, except for the
social security hamber of any responsible person, which is private.				35 10 C3 85
If you require this document in another format, such as large print, Braill	e or cassette tar	ne call (65	1)215-07	THOUGH TO 28-076
or for Greater Minnesota through the Minnesota Relay Service at (800)62				
	or oozy and ask	101 (051).		11000 00
RETURN: Bond form, certificate of insurance (if sumbitted) and \$40 filing fee to:				6879840
Minnesota Department of Health			A	1101/1-10
M I N N E S O T A Plumbing Program	Office Us		Fee: #	401 COM 5/8/
121 East Seventh Place, Suite 220	Deposit I			_ IAN n a one
P.O. Box 64975			1	0 4
St. Paul, MN 55164-0975	Deposit N	No.:	1	0 4
DEPARTMENT OF HEALTH (651)215-0836				

0200258 9,2000

## 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

. Siony Falls

ri. Denc		Of Dioux	LULLU	
State of South Dako	ta .	its regularly elected	Assistant Secreta	ry
as Attorney-in-Fact, with	full power and authority her			
and on its behalf as Sure	ety and as its act and deed, a	all of the following cla	asses of documents to-w	vit:
equity, policies indemnifyin fidelity bonds. Indemnity i	Undertakings that may be desired gemployers against loss or daren all cases where indemnity make or extend any bond or documing against said Company.	mage caused by the mi ay be lawfully given; ar	isconduct of their employed with full power and aut	es; official, bail, and surety and hority to execute consents and
Western Surety Comp Company duly adopted and	any further certifies that the foll I now in force, to-wit:	llowing is a true and ex	xact copy of Section 7 of	the by-laws of Western Surety
corporate name of the Cor officers as the Board of Dire appoint Attorneys-in-Fact o corporate seal is not nece	policies, undertakings, Powers pany by the President, Secretactors may authorize. The President agents who shall have authorizes for the validity of any bof any such officer and the corporation.	ary, any Assistant Secr dent, any Vice President ity to issue bonds, poli- bonds, policies, undert	etary, Treasurer, or any Vi t, Secretary, any Assistant cies, or undertakings in th takings, Powers of Attorn	ce President, or by such other Secretary, or the Treasurer may e name of the Company. The
	" I WESTERN OUR	ETY COMPANY L		
	, the said WESTERN SUR			
Executive Vice	President with the	corporate seal affixe	d this 11th day	of occoper
2001 .				
ATTEST Q.	Viero	W	ESTERN SURE	T. Total
	Assistant Secre	etary	Stephen T. F	Pate, Executive Vice President
STATE OF SOUTH DAKO	ATC			
	SS			
COUNTY OF MINNEHAH	A )			
	day of October	,2001	, before me, a Notary F A. Vietor	Public, personally appeared
	worn, acknowledged that the	ey signed the above F	Power of Attorney as	Executive Vice President
and Assistant Secretary,	respectively, of the said WE	STERN SURETY CO	MPANY, and acknowle	dged said instrument to be
the voluntary act and dee				
	KRELL \$			
	RY PUBLIC			
SEAL SOUT	H DAKOTA (SEAL)		10 K	1.00
5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/W/J	rell
	pires November 30, 2006			Notary Public
Form 672-4-2001				23