MASTER PLUMBERS BOND TO BE COMPLETED BY YOUR BONDING AGENCY

BOND NO. RLI 487030 KNOW ALL MEN BY THESE PRESENTS: of Gary V. Holmquist dba Holmquist Plumbing THAT Name Used. Plumbing Company Name, Individual's Name Only It No Company 55060 P 0 Box 732 Owatonna MN Zip State City Plumbing Company Address Old Republic Surety Company as principal, and Bonding Agency Name 50306 P 0 Box 1976. Des Moines IA

a corporation authorized to do business in the state of Minnesota, as Surety are jointly and severally held and firmly bound to the state of Minnesota, in the sum of TWO THOUSAND DOLLARS (\$2,000) for the benefit of persons injured or suffering financial loss by reason of failure of performance as herein specified for the payment of which, well and truly to be made, we bind ourselves, and each of us, our and each of our heirs, executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is licensed as a Master Plumber.

NOW. THEREFORE if said Principal shall faithfully and lawfully perform all work entered upon by him/her within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on December 31, 199_{7} . The total liability of the Surety hereunder shall in no event exceed the total sum of TWO THOUSAND DOLLARS (\$2,000). Effective March 24, 1997

Signed this 2nd day of April 1997.

Signed, sealed and delivered in the presence of: (as to Principal)

annie 1 ams

(as to Surety)

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Old Republic Surety Company

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Attorney in Fact Countersigned by PAGe Resident Agen Minnesota

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UN 1997 RECEIVED ENG. UNIT HEALTH

Required

REVERSE SIDE MUST BE COMPLETED AND THE POWER OF ATTORNEY ATTACHED

RETURN: Bond form, certificate of insurance, power of attorney, and \$40, 00 filing fee (payable to Minnesota Department of Health) to: Minnesota Department of Health, Plumbing Program, 121 East Seventh Place, Suite 220, R.O. Box 64975, St. Paul, MN 55164-0975. Phone: (612)215-0836.

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OFFICE USE ONLY	Fee 4000 /077 Dep. No	232
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YOU MUST COMPLETE A and C or B and C

A. ACKNOWLEDGEMENT OF INDIVIDUAL OR PARTNERSHIP CONTRACTOR

STATE OF MINNESOTA County of <u>Altele</u>	ss.		91 11 .
On this $\frac{\partial M}{\partial p}$ day of $\frac{\partial p}{\partial p}$ to me well known to be the foregoing bond and he/she/t	wil, 1997, personal identical person(s) describ they acknowledged the same t	ly came <u>Hany</u> ed in and who exe o be his/her/thei	<u>(). Halmquist</u> cuted the r own free act
and deed. DEANN L. WILLIAMS NOTANY PUBLIC - MINNESO STEELE COUNTY	Dellan Z.	Hillioms	
By Commission Expires 01/31/20	000		
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STATE OF MINNESOTA County of Strele	jss.	Harris Maria	I Usemania
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(SEAL)	My commission ex	pires	20
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STATE OFIowa)		
COUNTY OF Polk) SS)		
On this 2nd day of April			
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to me personally known, who being by r Republic Surety Company, a corporation; and that said instrument was signed and	, 19 97 , before me appeared me duly sworn, did say that he is the afo that the seal affixed to the foregoing instrum sealed in behalf of said corporation by the knowledged said instrument to be the free	resaid officer or attorney i nent is the corporate seal of e aforesaid officer, by auth	f said corporation, nority of its Board
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