

Master Plumber Code Compliance Bond  
(To be completed by your surety company.)

BOND NO. 997706-08551507

Continuation

J R Murdock Inc  
Company Name or, if none, the Principal's name.  
2037 No Snelling Avenue St. Paul MN 55113  
Plumbing Company Address City State Zip Telephone No.  
as principal, and Auto-Owners Insurance Company  
Surety Company Name  
PO Box 30660 Lansing MI 48909-8160 (517) 323 1200  
Surety Company Address 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 Oblige, 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.

WHEREAS a master plumber's license has been issued by the Oblige to the responsible master plumber of the company named above; and WHEREAS Minnesota Statutes, section 326.40, subdivision 2, requires a bond for all plumbing work entered into with the state.

NOW, THEREFORE, the condition of this obligation is such that, if undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing codes 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 31st. The period of this bond is December 31, 2000 through December 31, 2001. During the term of this obligation, the Principal and Surety will pay unto the Oblige, or as otherwise directed by the Oblige, 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 4715.

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 30th day of October, 2000 Surety Corporation Auto-Owners Insurance Co.

By Patricia Mills  
Attorney in Fact

BURTON A. MURDOCK 001649 PM  
Print - Master Plumber's Name License No.

Burton A. Murdock  
Master Plumber's Signature

BURTON A. MURDOCK  
Print - Principal Name

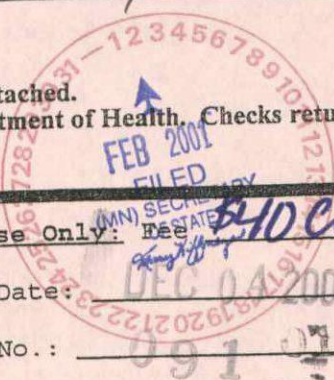
Burton A. Murdock  
Principal's Signature

- 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 55164-0975  
651/215-0836  
MN Relay Service (Greater MN)  
1/800/627-3529  
MN Relay Service (Metro) 297-5353

Office Use Only: See 540 CCK 5569  
Deposit Date: DEC 04 2000  
Deposit No.: 091 0701054





## You must complete A or B and C

### A. Acknowledgement of Individual or Partnership Contractor

State of Minnesota }  
County of \_\_\_\_\_ } ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally came \_\_\_\_\_  
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.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

(SEAL)

My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

### B. Acknowledgement of Corporate Contractor

State of Minnesota }  
County of Ramsey } ss.

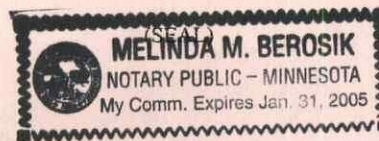
On this 30th day of November 2000, \_\_\_\_\_, personally came Burton A. Murdock  
who being by me duly sworn, did say that he/she is President  
of J.R. Murdock Inc, a Minnesota  
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that  
he/she acknowledged said instrument to be the free act and deed of the corporation.

Melinda M. Berosik  
Notary Public

11/30/2000  
Date

My commission expires 1/31/05

Date



### C. Acknowledgement of Corporate Surety

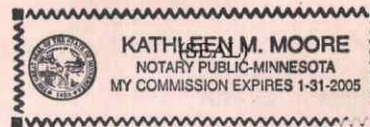
State of Minnesota }  
County of Ramsey } ss.

On this 30th day of October, 2000, personally came Patricia Miller,  
and \_\_\_\_\_ to me personally known, who being by me duly sworn, did say that he/she  
is the attorney in fact, of Auto-Owners Insurance Company, 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 Patricia Miller  
\_\_\_\_\_ acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

Kathleen M. Moore  
Notary Public

10/30/2000  
Date

My commission expires 01 / 31 / 2005  
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.



DATE AND ATTACH TO ORIGINAL BOND  
**AUTO-OWNERS INSURANCE COMPANY**

LANSING, MICHIGAN  
POWER OF ATTORNEY

NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, a Michigan Corporation, having its principal office at Lansing, County of Eaton, State of Michigan, pursuant to the following Resolution adopted by the directors of the said Company on January 27, 1971, to wit:

"RESOLVED, That the President or any Vice President or Secretary or Assistant Secretary of the Company shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity, and other writings obligatory in the nature thereof. Signatures of officers and seal of Company imprinted on such powers of attorney by facsimile shall have same force and effect as if manually affixed. Said officers may at any time remove and revoke the authority of any such appointee."

does hereby constitute and appoint

**Michael D. Baker, Judith Otto, Kimberly S. Hoffman and  
Patricia Miller, jointly and/or severally  
White Bear Lake, Minnesota**

its true and lawful attorney(s)-in-fact, to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.

provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed One Million Five Hundred Thousand and no/100 (\$1,500,000.00) Dollars

and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

IN WITNESS WHEREOF, the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, has caused these presents to be signed and

its corporate seal to be affixed by its authorized officer this 1st day of March, 1999.

Attest

T. J. Buda, Jr.

Secretary

John W. Fisher

John W. Fisher, President

STATE OF MICHIGAN } ss.  
COUNTY OF EATON

On this 1st day of March, 1999, before me a notary public, came the individual John W. Fisher, known, who executed the preceding instrument and being by me duly sworn, said that he is the therein described and authorized officer of the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN: that the seal affixed to said instrument is the corporate seal of said Company, and that said corporate seal and his signature were duly affixed by the authority and direction of the said Corporation.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed my official seal at the City of Lansing, the day and year first above written.

My commission expires January 20, 2003

Nancy Lou Smith

Notary Public

STATE OF MICHIGAN } ss.  
COUNTY OF EATON

T. J. Buda, Jr.

I, T. J. Buda, Jr., Secretary of the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, do hereby certify that the foregoing is a true and correct copy of Power of Attorney issued by said Auto-Owners Insurance Company of Lansing, Michigan, and that I have compared same with the ORIGINAL on file in the Home Office of said Company, and that the correct transcript thereof, and of the whole of the said original, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In WITNESS WHEREOF, I have hereunto subscribed my name as Secretary, and affixed the corporate seal of the Company at the City of Lansing, Michigan, this 30th day of October, 2000.

Michigan, this 30th day of October, 2000.

T. J. Buda, Jr.

Secretary

If the words "UNAUTHORIZED COPY" appears on the face of this document, it renders this document null and void.



EXECUTION REPORT  
(Tear off and return with a copy of original bond.)

NO. \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Code \_\_\_\_\_

Name of Principal \_\_\_\_\_

Effective Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Premium Charge \_\_\_\_\_

Name of Oblige \_\_\_\_\_

Amount of Bond \_\_\_\_\_

Address of Oblige \_\_\_\_\_

Type of Bond \_\_\_\_\_

COMPLETE AND ATTACH ALL PAPERS UNDER THIS REPORT THE SAME DAY THE BOND SIGNED