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 Gabriel J. Het ward Plumbing Bond No. 93-GD-4566-9 Type or Print (do not enter the plumbing company name) Bond No. 93-GD-4566-9
Address 6332 Corvall's Ave N. Grystal MN. 55428) 763-504-095 Street City State Zip Phone No.
Plumbing Company Name Gabe's On Time Alumbing Type or Print. Must be the same as filed the previous year.
Address 6332 Convallis Ave N. Crystal WV. 55428(763) 504-0951 Street (Must be the same as filed the previous year.) City State Zip Phone No.
Date Original Bond Issued / in the amount of \$25,000 as required by statutes.
Surety Company Name State Farm Fire And Casualty Company
Address One State Farm Plaza Bloomington IL 61710 (309) 766-2090 Street State Zip Phone No.
The bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for an extended term ending December 31,
Dated this Ob day of December, 0/.
and of the State Farm Fire ANNOGATIVE TO.
Master Plumbey's Signature License No. Surety Company Name
State of Minnesota COUNTY OF Authorized Signature of Surety
Subscribed and sworn before me Notation ARUP 12 104 101 KATHLEEN A RIEBE NOTARY PUBLIC - MINNESOTA RPORATE
Notary Public My commission expires / 13/13005 Date (SEAL)
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.
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 Minnesota Department of Health Plumbing Program 121 East Seventh Place Spite 2303H 122 Department of Health Plumbing Program 123 Department of Health Plumbing Program 124 2002
Deposit Date.
DEPARTMENT OF HEALTH (651)215-0836 DEPARTMENT OF HEALTH (651)215-0836 DEPARTMENT OF HEALTH (651)215-0836 DEPARTMENT OF HEALTH (651)215-0836

0200505

Power of Attorney

STATE FARM FIRE AND	
KNOW ALL PERSONS BY THESE PRESENTS: That STATE FARM principal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, does hereby constitute and apprincipal office in Bloomington, Illinois, and Illinois, a	M FIRE AND CASUALTY COMPANY, an Illinois corporation, with its to the soint:
of Anoka, Minnesota deliver for, and on its behalf as surety, any and all bonds, undertakings	its true and lawful Attorney(s)-in-Fact, to make, execute, seal and sor other writings obligatory in the nature of a bond as follows:
\$ 2,500 - License, Permit or Indemnity which guarantee payment	
\$25,000 - License & Permit which do not guarantee payment - (Code Compliance only)	\$ 50,000 - Guardian, Conservator, or Committee \$ 25,000 - Receiver
\$25,000 - Public Official	\$ 2,500 - Judicial
THIS POWER OF ATTORNEY IS NOT VALID FOR THE EXECUBID. PERFORMANCE OR PAYMENT.	TION OF ANY CONTRACT (CONSTRUCTION OR SUPPLY) BOND -
This appointment is made under and by the authority of a resol Directors of State Farm Fire and Casualty Company on the 24th day of Section 6 of the By-Laws of the Company, which resolution is:	ution which was passed by the Executive Committee of the Board of f July, 1974, as is duly authorized by the Board of Directors in Article II,
offices, contracts of indemnity or other writings obligatory in the nature officers, and affix the seal of the Company thereto. Any said execution Company as if they had been duly executed and acknowledged by the appointed, may be removed for good cause and the authority so grant	
facsimile on any power of attorney granted, and the signature of the Company may be affixed by facsimile to any certificate of any such power and seal shall be valid and binding on the Company. Any such power with respect to any bond or undertaking to which it is attached, continu	any Vice-President and the seal of the Company may be affixed by Secretary, Vice-President or Assistant Secretary, and the seal of the wer and any such power or certificate bearing such facsimile signature so executed and sealed and certificate so executed and sealed shall, let to be valid and binding on the Company.
IN WITNESS THEREOF, STATE FARM FIRE AND CASUALTY Co and its Corporate Seal to be affixed this 14th day of September 2001.	DMPANY has caused this instrument to be signed by its Vice-President,
This APPOINTMENT SHALL CEASE AND TERMINATE AUT	TOMATICALLY AS OF DECEMBER 31, 2004, UNLESS SOONER
REVOKED AS PROVIDED.	STATE FARM FIRE AND CASUALTY COMPANY
ORRORA	
	By: Reyclen
SERE	
	Vice-President
TOOMINGTON ILLINOIS	vice-President
Manufacture .	'S ARE NOT PRESENT IN THEIR ENTIRETY
THIS POWER INVALID IF GREEN IMPRINT	
THIS POWER INVALID IF GREEN IMPRINT STATE OF ILLINOIS COUNTY OF McLEAN On this 14th day of September 2001, before me personally came that he is Vice-President of STATE FARM FIRE AND CASUALTY CO	Brian Boyden to me known, who being duly sworn, did depose and say DMPANY, the corporation described in and which executed the above affixed to said instrument is such Corporate Seal; and that he executed
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