

MASTER PLUMBER CONTINUATION BOND
TO BE COMPLETED BY YOUR SURETY COMPANY

The attached Certificate of Insurance and \$40 filing fee must be submitted with this bond. An ACORD form or any other certificate of insurance will not be accepted.

Master Plumber Name David C. Orr Bond No. JR 0213
Type or Print (do not enter the plumbing company name)
 Address 4556 Morris Lane Bloomington MN 55437
Street City State Zip
 Phone (612) 888-8048

Plumbing Company Name Fagen, Inc.
Type or Print. Must be the same as filed the previous year. Must be the same on the certificate of insurance.
 Address 501 W. Hwy. 212, P. O. Box 159 Granite Falls MN 56241
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.
 Phone (320) 564-3324

Date Original Bond Issued 12 / 3 / 96 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978).

Surety Company Name St. Paul Fire & Marine Insurance Company
Type or Print
 Address 408 St. Peter St., Suite 300 St. Paul MN 55102
Street City State Zip
 Phone (651) 488-6666

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 31st, 1999.

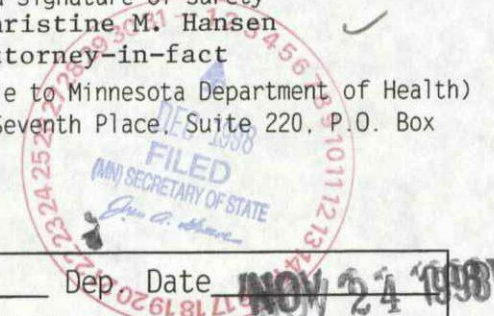
Dated this 3rd day of November, 1999.



By [Signature]
 Master Plumber Signature
 David C. Orr

ST. PAUL FIRE & MARINE INSURANCE COMPANY
 Surety Company Name
 By [Signature]
 Authorized Signature of Surety
 Christine M. Hansen
 Attorney-in-fact

RETURN: Bond form, certificate of insurance and \$40.00 filing fee (payable to Minnesota Department of Health) to: Minnesota Department of Health, Plumbing Program, 121 East Seventh Place, Suite 220, P.O. Box 64975, St. Paul, MN 55164-0975. Phone: (651)215-0836.



OFFICE USE ONLY	Fee <u>\$40 CCK 062340</u>	Dep. No. <u>084</u>	Dep. Date <u>NOV 24 1998</u>
WC <input checked="" type="checkbox"/>	PHCC <input type="checkbox"/>	Lic. No. <u>PM00 2144</u>	Renew <u>11 / 25 / 98</u>

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