

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 TIM ELDRIDGE Bond No. 3-519-539-12
Type or Print (do not enter the plumbing company name)
 Address 1988 STANICH COURT, MAPLEWOOD, MN 55109-2826
Street City State Zip
 Phone (651) 777-7950

Plumbing Company Name WOODBURY MECHANICAL, INC.
Type or Print. Must be the same as filed the previous year. Must be the same on the certificate of insurance.
 Address 1988 STANICH COURT, MAPLEWOOD, MN 55109-2826
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.
 Phone (651) 777-7950



Date Original Bond Issued 11 / 4 / 97 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978).

Surety Company Name THE OHIO CASUALTY INSURANCE COMPANY
Type or Print
 Address P O BOX 543, MILWAUKEE, WI 53201
Street City State Zip
 Phone (414) 784-8080

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, 1998.

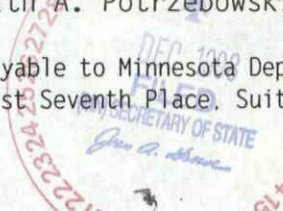
THE OHIO CASUALTY INSURANCE COMPANY
 Surety Company Name

(A) Tim Eldridge
 Master Plumber Signature

Judith A. Potrzebowski
 Authorized Signature of Surety
 Judith A. Potrzebowski 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.

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OFFICE USE ONLY	Fee <u>\$40.00 29148</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 3174</u>	Renew <u>11 / 24 / 98</u>