

MASTER PLUMBER CONTINUATION BOND
(TO BE COMPLETED BY BONDING AGENCY)

NAME OF MASTER PLUMBER Kim Lyall BOND NO. 41971751
ADDRESS 1820 Clarence Avenue White Bear Lake, MN 55110
(Street) (City) (State) (Zip)
TELEPHONE NO. ()

DATE ORIGINAL BOND ISSUED April 6, 1994 in amount of \$2,000 as stated
in Minnesota Statutes 326.40 (1978).

NAME OF BONDING COMPANY Western Surety
ADDRESS PO Box 5077 Sioux Falls SD 57117-5077
(Street) (City) (State) (Zip)

Complete this part only if a company name and address were provided on the original bond.

NAME OF PLUMBING FIRM _____
ADDRESS _____
(Street) (City) (State) (Zip)
TELEPHONE 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 the 31st day of
December 19 95.

Dated this 14th day of Nov., 1994.

Kim Lyall
MASTER PLUMBER SIGNATURE

PA Lyndon
(Authorized Signature)

Western Surety
(Name of Surety Company)

COPIES OF THIS BOND FORM WILL NOT BE ACCEPTED

A FILING FEE OF \$40.00 MADE PAYABLE TO MINNESOTA DEPARTMENT OF HEALTH
must be submitted with the bond to the Minnesota Department of Health,
Plumbing Unit, 925 Delaware St. S.E., P.O. Box 59040, Minneapolis, MN 55459-0040

FOR OFFICE USE ONLY	
License No. <u>PM003395</u>	Renewal <u>1129-94</u>
Fee <u>40.00</u>	Dep. No. <u>212074</u>
<u>CCR#3746</u>	



STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
DEC 16 1994
Jan Anderson
Secretary of State
9404366