

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 Mark Schlink Bond No. 987706-08549936
Type or Print (do not enter the plumbing company name)

Address 9389 150th St W Montgomery MN 56069 ()
Street City State Zip Phone No.

Plumbing Company Name Area Lakes Mechanical Ltd
Type or Print. Must be the same as filed the previous year.

Address 9389 140th St W Montgomery MN 56069 ()
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 11 / 09 / 2000 in the amount of \$25,000 as required by statutes.

Surety Company Name Auto-Owners Insurance Company
Type or Print

Address 6101 Anacapri Blvd, Lansing MI 48917-3999 (517) 323-1200
Street City 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, 2002**.

Dated this 17th day of January, 2002.

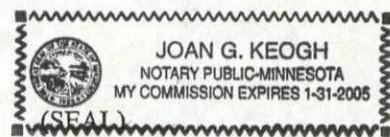
Mark Schlink
Master Plumber's Signature

State of Minnesota Le Sueur
COUNTY OF
Subscribed and sworn before me

Joan M. Keogh 1/28/2002
Notary Public Date
My commission expires 1/31/2005

Auto-Owners Insurance Company
Surety Company Name

Patricia Miller
Authorized Signature of Surety



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 submitted) and \$40 filing fee to:



Minnesota Department of Health
Plumbing Program
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975
(651)215-0836

Office use only: Fee: 40.00 CCK/2000

Deposit Date: JAN 31 2002

Deposit No.: 119

0200602

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

**Barry Preslaski, Judith McKee, Kimberly S. Hoffman,
Patricia Miller and Betty Wegener, 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

STATE OF MICHIGAN } ss.
COUNTY OF EATON

John W. Fisher, President

On this 1st day of March, 1999, before me a notary public, came the individual, T. J. Buda, Jr., 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 the 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

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 the same is a 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 17th day of January, 2002.

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 _____

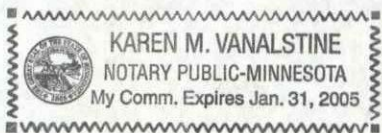
COMPLETE AND ATTACH ALL PAPERS UNDER THIS REPORT THE SAME DAY THE BOND SIGNED

CORPORATE ACKNOWLEDGEMENT

State of Minnesota

County of Ramsey

On this 17th day of January, 2002, before
me appeared Patricia Miller to me personally known, who,
being by me duly sworn, did say she is the Attorney-in-Fact
of the Auto-Owners Insurance Company, a corporation organized
and existing under the laws of the State of Michigan; that the
seal affixed to the foregoing instrument is the corporate seal
of 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 said instrument to be
the free act and deed of said corporation.



Karen M. VanAlstine

Notary Public Washington County, MN

My Commission expires 01-31-2005