

Master Plumber Code Compliance Bond

(To be completed by your surety company.)

CONTINUATION

BOND NO. CSD0010006

Timothy H. McGuire McGuire Mechanical Services, Inc. of
Company Name or, if none, the Principal's name.

20830 Holt Avenue South Lakeville MN 55044 (952) 469.4988
Plumbing Company Address City State Zip Telephone No.

as principal, and REDLAND INSURANCE COMPANY
Surety Company Name
25 Main Place Council Bluffs IA 51502 (913) 338.0604
Surety Company Address City State Zip Telephone No.

a corporation licensed to do business in the State of Minnesota, as Surety, are jointly and severally held and firmly bound to the State of Minnesota, as Oblige, in the sum of **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents.

WHEREAS a master plumber's license has been issued by the Oblige to the responsible master plumber of the company named above; and WHEREAS Minnesota Statutes, section 326.40, subdivision 2, requires a bond for all plumbing work entered into with the state.

NOW, THEREFORE, the condition of this obligation is such that, if undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing codes as required pursuant to Minnesota Rules, Chapter 4715, then this obligation shall be null and void; otherwise, it shall remain in full force and effect for a period not to exceed one year ending December 31st. The period of this bond is December 31, 2000 through December 31, 2001. During the term of this obligation, the Principal and Surety will pay unto the Oblige, or as otherwise directed by the Oblige, the amount needed to correct noncomplying plumbing work, not to exceed **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure to comply with the requirements of the plumbing code, Minnesota Rules, Chapter 4715.

FURTHERMORE, it is understood and agreed that:

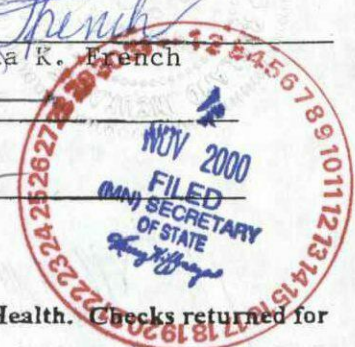
1. The aggregate liability of the Surety hereunder pertains to all claims arising during the period defined above.
2. In the event the bond does not provide for correction of all noncomplying plumbing work, the bond paid by the undersigned Surety does not relieve the undersigned Principal of liability for correcting noncomplying plumbing work by said Principal or persons working under said Principal's supervision.
3. This bond is a continuous obligation which may be canceled at any time as to further liability upon the Surety's giving at least fifteen (15) days written notice to the Commissioner of Health. In the event of cancellation, the Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the fifteen (15) day notice period.

Signed and sealed this 26th day of October, 2000. Surety Corporation REDLAND INSURANCE COMPANY

Timothy H. McGuire PM002751
Print - Master Plumber's Name License No.

Timothy H. McGuire
Print - Principal Name

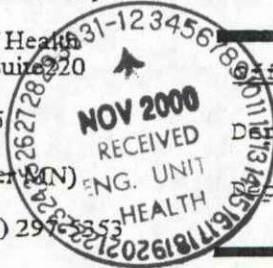
By Linda K. French
Attorney in Fact, Linda K. French
Master Plumber's Signature
Principal's Signature



- The reverse side of this form must also be completed and the Power Of Attorney attached.
- The bond form must be accompanied by a \$40 fee, payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2).



Minnesota Department of Health
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975
651/215-0836
MN Relay Service (Greater MN)
1/800/627-3529
MN Relay Service (Metro) 297-2233



Office Use Only: Fee 40.00/ack/41283
Deposit Date: NOV 02 2000
Deposit No.: 072

0003412

PM002751

You must complete A or B and C

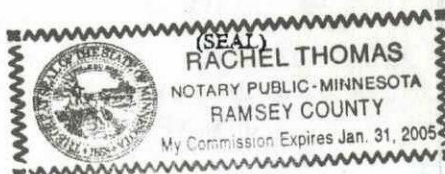
A. Acknowledgement of Individual or Partnership Contractor

State of Minnesota }
County of HENNEPIN } ss.

On this 26th day of October, 2000, personally came Timothy H. McGuire to me well known to be the identical person(s) described in and who executed the foregoing bond and he/~~she~~ acknowledged the same to be his/her/their own free act and deed.

[Signature] 10 / 26 / 00
Notary Public Date

My commission expires 1 / 31 / 05
Date



B. Acknowledgement of Corporate Contractor

State of Minnesota }
County of _____ } ss.

On this _____ day of _____, _____, personally came _____ who being by me duly sworn, did say that he/she is _____ of _____, a _____ corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she acknowledged said instrument to be the free act and deed of the corporation.

Notary Public Date

(SEAL)

My commission expires ___ / ___ / ___
Date

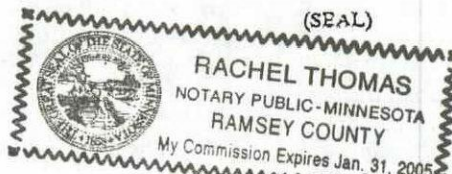
C. Acknowledgement of Corporate Surety

State of Minnesota }
County of HENNEPIN } ss.

On this 26th day of October, 2000, personally came Linda K. French to me personally known, who being by me duly sworn, did say that ~~he~~/she is the attorney in fact, of REDLAND INSURANCE COMPANY, the corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said Linda K. French acknowledged that ~~he~~/she executed said instrument as attorney in fact as the free act and deed of said corporation.

[Signature] 1 / 31 / 05
Notary Public Date

My commission expires 1 / 31 / 05
Date



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.

POWER OF ATTORNEY

ACCEPTANCE INSURANCE COMPANY

REDLAND INSURANCE COMPANY

CSD 0010006

KNOW ALL MEN BY THESE PRESENTS: That ACCEPTANCE INSURANCE COMPANY AND REDLAND INSURANCE COMPANY (Collectively referred to as "Company"), having its executive Offices in County of Douglas, State of Nebraska, has made, constituted and appointed, and does by these presents make, constitute and appoint:

Bruce N. Telander
Donald R. Olson
Mary L. Charltes

John P. Martinsen
John E. Tauer
Linda K. French

R. Scott Egginton
Gary S. Soderberg

R. W. Frank
Dennis J. Linder

its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, seal, acknowledge and deliver any and all bonds, undertakings, recognizances or other written obligations in the nature thereof in any amount up to \$3,000,000 for any single obligation and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises.

This power of attorney is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 18th day of October, 1993, and said Resolution has not been amended or repealed:

"RESOLVED, that the Chairman of the Board, the President, an Executive Vice President or a Vice President be, and that each of them is, authorized to execute Powers of Attorney qualifying the Attorney(s)-in-Fact named in the given Power of Attorney to execute in behalf of the Company, bonds, undertakings and other instruments of similar nature, and said officers may rename any such Attorney(s)-in-Fact or agent and revoke any Power of Attorney previously granted to such person.

FURTHER RESOLVED, that the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with respect to any bond, undertaking or instruments of similar nature to which it is attached."

IN WITNESS WHEREOF, the Company has caused these presents to be signed by its Vice-President and its corporate seal to be hereunto affixed this 26th day of October 2000.



Acceptance Insurance Company, Inc.



ACCEPTANCE INSURANCE COMPANY
REDLAND INSURANCE COMPANY

by John R. Svoboda
John R. Svoboda, Vice President

STATE OF NEBRASKA)
COUNTY OF DOUGLAS)^{ss}

On this 22nd day of April, 1999, before me personally came John R. Svoboda to me known, who, being by me duly sworn, did depose and say: that he is a Vice President of ACCEPTANCE INSURANCE COMPANY and REDLAND INSURANCE COMPANY, the Corporations described in and which executed the above instrument; that he knows the seals of said Corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Corporations and that he signed his name thereto by like order.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year herein first above written.



Carol A. Ern
Carol A. Ern, Notary Public

STATE OF NEBRASKA)
COUNTY OF DOUGLAS)^{ss}

I, the undersigned, Secretary of ACCEPTANCE INSURANCE COMPANY and REDLAND INSURANCE COMPANY, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the POWER OF ATTORNEY executed by said Companies which is in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors set forth in the Power of Attorney is now in force.

Signed and sealed at the County of Douglas. Dated the 26th day of October 2000.

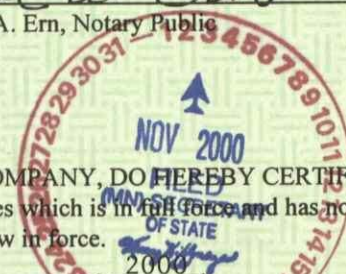


Acceptance Insurance Company, Inc.



Redland Insurance Company

Peter A. Knolla
Peter A. Knolla, Secretary



IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT, YOU ARE URGED TO CONTACT OUR POWER OF ATTORNEY CUSTODIAN AT 402-344-8800 WHOSE OFFICE IS LOCATED AT 222 SOUTH 15th STREET, SUITE 600 N.; OMAHA, NE 68102.