



**TRI-STATE INSURANCE COMPANY OF MINNESOTA**  
Bond Department PO Box 80439 • Lincoln, Nebraska 68501-0439  
1-800-456-5486 • FAX (402) 421-4115



## CANCELLATION NOTICE

STATE OF MINNESOTA  
DEPT OF HEALTH PLUMBING PROGRAM  
121 EAST SEVENTH PLACE SUITE 220  
ST PAUL MN 55164-0975

Certified Mail  
Return Receipt Requested

### PRINCIPAL

TODD B. VREELAND  
DBA EAST CENTRAL BASEMENT WATERPROOFING  
2094 220TH AVENUE  
MORA MN 55051

**Bond Number:** 702 46 37  
**Description of Bond:** License & Permit Unlicensed Plumber  
**Amount of Bond:** \$25,000.00



**Reason:** Non Payment of Premium

We, the below named Surety, under the terms of said bond are terminating our liability effective March 6, 2003 under the above referenced bond.

**TRI-STATE INSURANCE COMPANY OF MINNESOTA**

By 

M.F. Loeb

Attorney-in-Fact

Processed date 2/14/03

**AGENT**  
TOWN & COUNTRY AGENCY OF FINLAYSON  
PO BOX 257  
FINLAYSON MN 55735





**POWER OF ATTORNEY**  
**TRI-STATE INSURANCE COMPANY OF MINNESOTA**  
**Luverne, Minnesota**

**NOTICE:** The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS: that the TRI-STATE INSURANCE COMPANY OF MINNESOTA, does hereby make, constitute and appoint

**M.F. Loeb or N.J. McMeen of Lincoln, NE**

its true and lawful Attorney-in-Fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed any and all bonds, recognizances, stipulations or undertakings excluding, however, any bonds or undertakings guaranteeing payment of loans or the interest thereon. This Power of Attorney is not valid or in effect unless it is attached to the bond on which the execution is authorized by the said Power of Attorney. The acknowledgement and execution of any such document by the said Attorney-in-Fact, shall be as binding upon this company as if such bond had been executed and acknowledged by the regularly elected officers of this company.

This Power of Attorney is not valid or in effect unless it is attached to the bond on which the execution is authorized by the said Power of Attorney. The acknowledgement and execution of any such document by the said Attorney-in-Fact, shall be as binding upon this company as if such bond had been executed and acknowledged by the regularly elected officers of this company.

The Tri-State Insurance Company of Minnesota further certifies that this Power of Attorney is granted and is executed and sealed under and by authority of the following resolution adopted by the Board of Directors of the Tri-State Insurance Company of Minnesota at a meeting duly called and held on the 29th day of April, 1974, to wit:

"RESOLVED, that the President, Vice President, Secretary, Treasurer, Assistant Secretary or Assistant Treasurer may appoint Attorneys-in-Fact or agents or Resident Vice Presidents or Resident Assistant Secretary who shall have authority to issue bonds, policies, or undertakings in the name of the Company, subject to such rules, restrictions and regulations as such officers may prescribe."

In Witness Whereof, the said Tri-State Insurance Company of Minnesota, a Minnesota corporation, has caused this instrument to be executed by its President with its corporate seal affixed this 18th day of May, 2000.

TRI-STATE INSURANCE COMPANY OF MINNESOTA



*Curtis W. Bloemendaal*

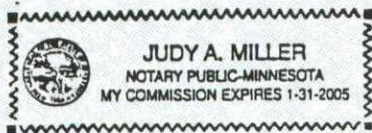
By: Curtis W. Bloemendaal, President

**WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE BACKGROUND WITH RED AND BLUE BORDER.**

STATE OF MINNESOTA )  
COUNTY OF ROCK ) SS

On this day, before the undersigned, a Notary Public in and for said County and State, personally came the above named officer of the TRI-STATE INSURANCE COMPANY OF MINNESOTA, to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged the execution of said instrument to be the voluntary act and deed of the TRI-STATE INSURANCE COMPANY OF MINNESOTA and his voluntary act and deed as an officer of said corporation, and that the seal of said corporation was affixed to said instrument by the authority and direction of said corporation.

Witness my hand and my Notarial Seal at Luverne, Rock County, Minnesota, the day and year last written above.



*Judy A. Miller*

Notary Public

**CERTIFICATE**

I, The undersigned, Assistant Secretary of TRI-STATE INSURANCE COMPANY OF MINNESOTA do hereby certify that the foregoing power of attorney and the above Resolution of its Board of Directors are true and correct copies and are in full force and effect on this date.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the corporation this 14th day of February, 2003.



*M F Loeb*

Assistant Secretary