

MASTER PLUMBER CODE COMPLIANCE BOND
TO BE COMPLETED BY YOUR SURETY COMPANY

BOND NO. 701064 ✓

Olson's Sewer Service, Inc.

Company Name or, if none, the Master Plumber's name.

17638 Lyons Street, Forest Lake, MN 55025

Plumbing Company Address

as principal, and Capitol Indemnity Corporation

State

(608)

Zip

231-4450

Surety Company Name

Telephone No.

PO Box 5900, Madison, WI 53705-0900

Surety Company Address

City

State

Zip

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 Obligee, 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 Obligee to the above Principal; 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, 1999 through December 31, 2000 ✓.

During the term of this obligation, the Principal and Surety will pay unto the Obligee, or as otherwise directed by the Obligee, 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 19th day of October, 1999.

3904162

Willard D. Olson

PM001935 ✓

PRINT - Master Plumber Name

License No.

Willard D. Olson
(Signature)

Vice President
Principal

SURETY CORP. Capitol Indemnity Corporation

By

Linda L. Kuplic

Attorney in Fact Linda L. Kuplic

SEAL

THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED AND THE POWER OF ATTORNEY ATTACHED.

40.00 CCK 27328

088

DEC 07 1999

A.
ACKNOWLEDGEMENT OF INDIVIDUAL OR PARTNERSHIP CONTRACTOR

STATE OF MINNESOTA

County of _____ } ss.

On this _____ day of _____, _____, personally came _____ to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same to be his/her/their own free act and deed.

Notary Public _____

Date _____/_____/_____

(SEAL)

My commission expires _____/_____/_____

Date

B.
ACKNOWLEDGEMENT OF CORPORATE CONTRACTOR

STATE OF MINNESOTA

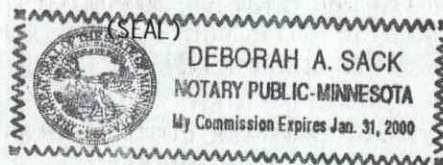
County of Chicago } ss.

On this 2 day of December, 99, personally came LeeAnn M. Weigt who being by me duly sworn, did say that he/she is Vice President of Olson's Sewer Service, Inc., 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.

Deborah A. Sack
Notary Public

12/02/1999
Date

My commission expires 01/31/2000
Date



C.
ACKNOWLEDGEMENT OF CORPORATE SURETY

STATE OF MINNESOTA

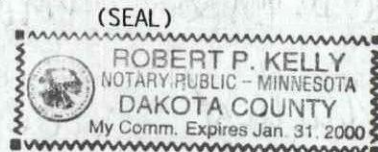
County of Dakota } ss.

On this 19th day of October, 1999, personally came Linda L. Kuplic and _____ to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact, of Capitol Indemnity Corporation, 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 L. Kuplic acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

Robert P. Kelly
Notary Public

10/19/99
Date

My commission expires 01/31/2000





Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900
PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900
PHONE (608) 231-4450 • FAX (608) 231-2029

POWER OF ATTORNEY

No: **512034**

Know all men by these Presents, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

----- ROBERT P. KELLY, SHARON F. KELLY, PATRICK J. KELLY, -----

----- KIM S. ROWE OR LINDA L. KUPCIC -----

its true and lawful Attorney(s)-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, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----- NOT TO EXCEED \$1,000,000.00 -----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 5th day of May 1960:

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and 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 valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Secretary, this 1st day of June, 1993.

CAPITOL INDEMNITY CORPORATION

Attest:

Virgiline M. Schulte
Virgiline M. Schulte, Secretary



George A. Fait
George A. Fait, President

STATE OF WISCONSIN }

COUNTY OF DANE }

On the 1st day of June, A.D., 1993, before me personally came George A. Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN }

COUNTY OF DANE }



Peter E. Hans
Peter E. Hans
Notary Public, Dane Co., WI
My Commission is Permanent

CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains 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 City of Madison. Dated the 19th day of October, 1999



Paul J. Bretneder
Paul J. Bretneder, Treasurer

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.