

UNLICENSED PLUMBING CONTRACTOR BOND
(Applies to all persons other than licensed master plumbers.)
TO BE COMPLETED BY YOUR SURETY COMPANY

BOND NO. LP 774115

CDP SEWER & WATER, INC. of
Company Name, if none, the plumbing contractor's name.

16398 221st Avenue North Elk River, MN. 55330
Plumbing Company Address City State Zip
as principal, and CAPITOL INDEMNITY CORPORATION (608) 231-4450
Surety Company Name Telephone No.
4610 University Avenue, Suite #1400, Madison, Wisconsin 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.

NOW, THEREFORE, the condition of this obligation is such that, if the undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing code 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 April 11th, 2001 through December 31, 2001. 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 11th day of April, 2001.
CDP Sewer & Water, Inc.

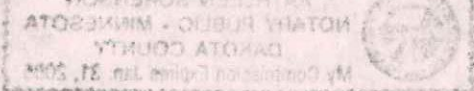
PRINT - Plumbing Contractor Name
Chris Perkins, President

Signature Chris Perkins PRINCIPAL

SURETY CORP. CAPITOL INDEMNITY CORPORATION

By M. A. Jones
Attorney in Fact M. A. Jones,

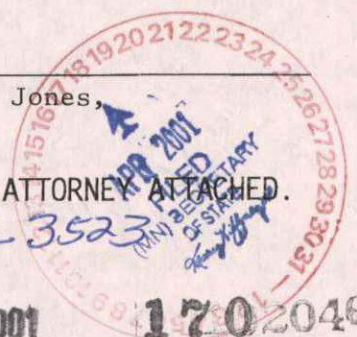
THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED AND THE POWER OF ATTORNEY ATTACHED.



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APR 13 2001

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YOU MUST COMPLETE A or B and C

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 Ramsey } ss.

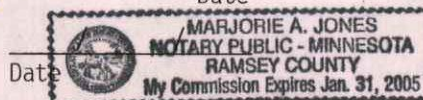
On this 11th day of April, _____, personally came Chris Perkins who
being by me duly sworn, did say that he/she is President of _____
CDP Sewer & Water, Inc., a Minnesota corporation;
and that said instrument was executed in behalf of the corporation by authority of its
Board of Directors; that he/she acknowledged said instrument to be the free act and deed
of the corporation.

Marjorie A. Jones
Notary Public

04 / 11 / 01
Date

(SEAL)

My commission expires _____



C.

ACKNOWLEDGEMENT OF CORPORATE SURETY

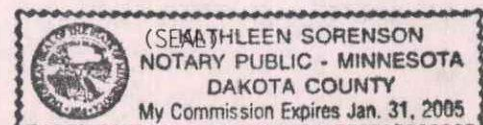
STATE OF MINNESOTA }
County of Dakota } ss.

On this 11th day of April, 2001, personally came M.A. Jones and _____
M.A. Jones 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 M. A. Jones acknowledged that he/she executed said
instrument as attorney in fact as the free act and deed of said corporation.

Kathleen Sorenson
Notary Public

04 / 11 / 01
Date

My commission expires 11/31/05
Date





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: **560896**

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

----- LITTON E.S. FIELD, LITTON E.S. FIELD, JR., M.A. JONES, -----
----- OR F.E. LAUNSTEIN -----

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 \$4,000,000.00 -----

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, 1999.

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., 1999, 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 }



Jane F. Endres
Jane F. Endres
Notary Public, Dane Co., WI
My Commission Expires March 23, 2003

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 11th day of April, 2001.



Paul J. Breithauer
Paul J. Breithauer, 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.