	OMPLETED BY YOUR			
The attached Certificate of Insura An ACORD form or any other certif	icate of insurance	e will not	be accepted.	with this bond
Master Plumber Name M&D PLUM	DALEIDEN / BING INC	ing company na	ond No. <u>93-07</u>	-9193-1
Address <u>11050 26TH ST NE</u>		ICHAEL City	MINNESOTA State	55376 Zip
Phone (612) 497-2031				
Plumbing Company NameM & D	PLUMBING INC			V
Type or Print. Must be the sa	Must be the same as ame on the certificat	e of insurance	evious year. e.	
Address <u>11050 26TH ST NE</u> Street (Must be the same as file Must be the same on the certific	ST MICHAEL ed the previous year. cate of insurance.		and an address of the second se	55376 Zip
Phone ( 612 ) 497-2031			1 Stander	
1innesota Statutes 326.40 (1978).	/ 01 / 1983 ir M FIRE AND CASUAL		t of \$2,000 ds	
Minnesota Statutes 326.40 (1978). Surety Company Name <u>STATE FAR</u> Type or Print Address <u>ONE STATE FARM PLAZA</u>	M FIRE AND CASUAL	TY COMPANY	ILLINOIS	~
Minnesota Statutes 326.40 (1978). Surety Company Name <u>STATE FAR</u> Type or Print Address <u>ONE STATE FARM PLAZA</u> Street	M FIRE AND CASUAL	<u>ty company</u>	1 Jack	~
Minnesota Statutes 326.40 (1978). Surety Company Name <u>STATE FAR</u> Type or Print Address <u>ONE STATE FARM PLAZA</u> Street Phone <u>(309)</u> 766-1161	M FIRE AND CASUAL BLO	TY COMPANY OMINGTON City	ILLINOIS State	61710 Zip 6789107 Cost 6789107
Minnesota Statutes 326.40 (1978). Surety Company Name <u>STATE FAR</u> Type or Print Address <u>ONE STATE FARM PLAZA</u> Street Phone ( <u>309</u> ) 766-1161 The bond described above, and to continued in force from the date	M FIRE AND CASUAL BLO	TY COMPANY OMINGTON City	ILLINOIS State ttached, is he	61710 Zip 6789107 C 456789107 Preby 8 NOV1998 NOV1998 NOV1998
Minnesota Statutes 326.40 (1978). Surety Company Name <u>STATE FAR</u> Type or Print Address <u>ONE STATE FARM PLAZA</u> Street Phone ( <u>309</u> ) 766-1161 The bond described above, and to provide the state of	M FIRE AND CASUAL BLO which this certif of last renewal f	TY COMPANY OMINGTON City	ILLINOIS State ttached, is he	61710 Zip 6789107 C 456789107 Preby 8 NOV1998 NOV1998 NOV1998
Address <u>ONE STATE FAR</u> Address <u>ONE STATE FAR</u> Street Phone ( <u>309</u> ) <u>766-1161</u> The bond described above, and to provide the force from the date of the date o	M FIRE AND CASUAL BLO which this certif of last renewal f	TY COMPANY OMINGTON City ficate is a for an exten 3 STATE FAI	ILLINOIS State ttached, is he nded term endi	61710 Zip 6789107 C 456789107 Preby 8 NOV1998 NOV1998 NOV1998
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Minnesota Statutes 326.40 (1978). Surety Company Name <u>STATE FAR</u> Type or Print Address <u>ONE STATE FARM PLAZA</u> Street Phone ( <u>309</u> ) 766–1161 The bond described above, and to recontinued in force from the date December 31st, 199_9 Dated this <u>1ST</u> day of <u>JANUAR</u> Master Plumber Signature RETURN: Bond form, certificate of insurar to: Minnesota Department of Heal 64975, St. Paul, MN 55164-0975.	M FIRE AND CASUAL BLO which this certif of last renewal f M, 199_ MCC and \$40.00 filing Ith. Plumbing Program	TY COMPANY OMINGTON City Ficate is a for an extended Surety Company Authorized Authorized Fee (payable 121 East Second	ILLINOIS State State ttached, is he nded term endi RM FIRE AND CA any Name Signature of Sure DRNEY-IN-FACT to Minnesota Dep venth Place. Suit	61710 Zip 56789107 Preby Construction And And And And And And And And And And