

MASTER PLUMBER CONTINUATION BOND
TO BE COMPLETED BY YOUR SURETY COMPANY

The attached Certificate of Insurance and \$40 filing fee must be submitted with this bond.
An ACORD form or any other certificate of insurance will not be accepted.

Master Plumber Name MELVIN M. DALEIDEN ✓
M & D PLUMBING INC ✓ Bond No. 93-07-9193-1 ✓
Type or Print (do not enter the plumbing company name)

Address 11050 26TH ST NE ST MICHAEL MINNESOTA 55376
Street City State Zip

Phone (612) 497-2031

Plumbing Company Name M & D PLUMBING INC ✓
Type or Print. Must be the same as filed the previous year.
Must be the same on the certificate of insurance.

Address 11050 26TH ST NE ST MICHAEL MINNESOTA 55376 ✓
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.

Phone (612) 497-2031

Date Original Bond Issued 01 / 01 / 1983 in the amount of \$2,000 as stated in
Minnesota Statutes 326.40 (1978).

Surety Company Name STATE FARM FIRE AND CASUALTY COMPANY ✓
Type or Print

Address ONE STATE FARM PLAZA BLOOMINGTON ILLINOIS 61710
Street City State Zip

Phone (309) 766-1161

The bond described above, and to which this certificate is attached, is hereby
continued in force from the date of last renewal for an extended term ending
December 31st, 199 9 ✓

Dated this 1ST day of JANUARY, 199 9.

STATE FARM FIRE AND CASUALTY COMPANY
Surety Company Name

X Melvin Daleiden ✓
Master Plumber Signature

Karen Weber
Authorized Signature of Surety
ATTORNEY-IN-FACT

RETURN: Bond form, certificate of insurance and \$40.00 filing fee (payable to Minnesota Department of Health)
to: Minnesota Department of Health, Plumbing Program, 121 East Seventh Place, Suite 220, P.O. Box
64975, St. Paul, MN 55164-0975. Phone: (651)215-0836.

OFFICE USE ONLY	Fee <u>\$40.00</u> <u>13905</u>	Dep. No. <u>074</u>	Dep. Date <u>NOV 06 1998</u>
WC ✓	PHCC	Lic. No. <u>PM00 2734</u>	Renew <u>10 / 26 / 98</u>