MASTER PLUMBER BOND TO BE COMPLETED BY YOUR SURETY COMPANY

KNOW ALL MEN BY THESE PRESENTS:	BOND NO	70251 🖌
THAT HIMEC, Inc.	and the second second	of
Plumbing Company Name, if the master plumber does not have master plumber's name. 1400 NW 7th Street, Rochester, MN 55901	a plumbing company	name, enter the
Plumbing Company Address as principal, and <u>Carolina Casualty Insurance Company</u>	State	Zip 🖌
Surety Company Name 2850 W Golf Road, Ste 800, Rolling Meadows, IL 60	008	/
Surety Company Address City		Zip
a corporation authorized to do business in the state of M and severally held and firmly bound to the state of Minne DOLLARS (\$2,000) for the benefit of persons injured or su of failure of performance as herein specified for the pay be made, we bind ourselves, and each of us, our and each	sota, in the su ffering financi ment of which,	m of TWO THOUSAND al loss by reason well and truly to

THE CONDITION of the above obligation is such that WHEREAS the said Principal is licensed as a Master Plumber.

administrators, successors and assigns, firmly by these presents.

NOW. THEREFORE if said Principal shall faithfully and lawfully perform all work entered upon by him/her within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **December 31, 199** 9 . The total liability of the Surety hereunder shall in no event exceed the total sum of TWO THOUSAND DOLLARS (\$2,000).

Signed this <u>7th</u> day of <u>December</u> 199 <u>8</u> .
Signed, sealed and delivered in the presence of: (as to Principal)
Witness Signature Witness Signature
(as to Surety) Jamain amos Seat
Witness Signature Witness Sign
THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED AND THE POWER OF ATTORNEY ATTACHED.
RETURN: Bond form, certificate of insurance, power of attorney, 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 DADCCR OID 980 Dep. No. 094 Dep. Date DECTO 550
WCPHCC Lic. No. PM00 3666 Renew 12716 198

YOU MUST COMPLETE A or B and C

A. ACKNOWLEDGEMENT OF INDIVIDUAL OR PARTNERSHIP CONTRACTOR

	STATE OF MINNESOTA }ss.
	County of <u>Olmsted</u> On this <u>11th</u> day of <u>December</u> , 199 <u>8</u> , personally came <u>Joseph H. Beckel</u> 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 M Rockon 12/11/98 (SEAL)
	My commission expires 1/31/00 Date MotARY PUBLIC MINNESOTA IN COMMISSION EXPIRES 1.51.00
Β.	ACKNOWLEDGEMENT OF CORPORATE CONTRACTOR
	STATE OF MINNESOTA County of <u>Olmsted</u> }ss.
	On this <u>llthday of December</u> , 199 <u>8</u> , personally came <u>Greg Donley</u> who being by me duly sworn, did say that he/she is <u>Chief Financial Officer</u> of <u>HIMEC, Inc.</u>
c.	ACKNOWLEDGEMENT OF CORPORATE SURETY STATE OF MINNESOTA
	County of <u>Olmsted</u> ss.
	On this <u>7th</u> day of <u>December</u> , 199 <u>8</u> , personally came <u>Michael J. Fogarty</u> , and <u>to me personally known, who being by me duly sworn, did</u> say that he/she is the attorney in fact, of <u>Carolina Casualty Insurance Company</u> . 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 <u>Michael J. Fogarty</u> acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.
	Notary Publice Date ANGELA KUNDERT My commission expires 1/3 / 2000 My commission expires 1-31-2000