DUPLICATE

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 Jerome [redacted] Philippi ✓ Bond No. 58203910 ✓

Type or Print (do not enter the plumbing company name)

Address P. O. Box 151, Spicer, MN 56288 ✓

Street City State Zip

Phone (320) 354-4723

Plumbing Company Name —

Type or Print: Must be the same as filed the previous year.
Must be the same on the certificate of insurance.

Address

Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.

Phone ( )

DEC 1998 RECEIVED ENG. UNIT HEALTH

Date Original Bond Issued 03 / 27 / 87 in the amount of $2,000 as stated in Minnesota Statutes 326.40 (1978).

Surety Company Name WESTERN SURETY COMPANY ✓

Type or Print

Address 101 S. Phillips Ave., Sioux Falls, SD 57104-6703

Street City State Zip

Phone (605) 336-0850

DEC 1998 FILED (MN) SECRETARY OF STATE

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,** 1999 ✓

Dated this 6th day of October, 1998.

Jerome [redacted] Philippi ✓

Master Plumber Signature

✓ WESTERN SURETY COMPANY

Surety Company Name

BY M. Bent **M. Bent, Ass't. Sec.**

Authorized Signature of Surety

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.

9803780

OFFICE USE ONLY	Fee $40 PCE 12693	Dep. No. 089	Dep. Date DEC 08 1998
WC ✓ PHCC	Lic. No. PM00 2705	Renew 12 / 8 / 98	

3/98