## Master Plumber Code Compliance Continuation Bond

(To be completed by your Surety Company.)

The \$40 filing fee must be submitted with this bond, made payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2). A Certificate of Insurance may be submitted. An Acord form or any other certificate of insurance will not be accepted.

Master Plumber Name _ Ronald R. Carlson		_	Bond No.	68943701
Type or Print (do not enter the plumb	oing company name)			
Address			( )	
Street	City	State Zip	Phone No.	
Plumbing Company Name Carlson Plumbing Type or Print. Must be the same		ır.		Park Committee
Address 8303 35th St. S. W.	Byron	MN 55920	( )	
Street (Must be the same as filed the previous year.)	City	State Zip	Phone No.	
Date Original Bond Issued 01 / 01 /	00 in the ar	nount of \$25,000 as	s required by st	tatutes.
Surety Company Name WESTERN SUF	ETY COMPANY			
Address 101 S. Phillips Ave., Sioux	Falle SD 57	104-6703	( 605 )	336-0850
Street	City	State Zip	Phone No	
Dated this 15th day of September  September	, 2000 .	WESTERN SUR	RETY COMPAI	NY
Master Plumber's Signature	14151617181920	Surety Company Nam	e ()	
State of Minnesota  COUNTY OF OLMSTED  Subscribed and sworn before me	NOV 2000 RECEIVED	Authorized Signa		Anawski, Ass't. Sec
Ste See 11)	HEALTH 20		OLMSTED COUNTY	SOTA &
Notary Public Date My commission expires 01   31   200.	5	W(SEAL)	COMMISSION EXPIRES	FILED TARY
Notice to Individual Applicants: Under Minnesota Star application are considered private until you are issued become public, except your social security number.				

Notice to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except for the social security number of any responsible person, which is private.

If you require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD (651)215-0707 or for Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700.

RETURN: Bond form, certificate of insurance (if sumbitted) and \$40 filing fee to:



Minnesota Department of Health
Plumbing Program
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975

Office Use Only: Fee: 4000 pck 3846
Deposit Date: NOV 2 0 2000
Deposit No.: 083

Pm004252



## **POWER OF ATTORNEY**

## KNOW ALL MEN BY THESE PRESENTS:

M. Anawski

State of South Dakota

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for

of Sioux Falls

, its regularly elected Assistant Secretary

and on its behalf as Surety and as its act and deed	d, all of the following class	ses of documents to-wit:	
Indemnity, Surety and Undertakings that may be de equity, policies indemnifying employers against loss or fidelity bonds. Indemnity in all cases where indemnity waivers to modify or change or extend any bond or doctor demands made or existing against said Company.	damage caused by the mis may be lawfully given; and ument executed for this Co	conduct of their employees; on the side of the condition	fficial, bail, and surety and to execute consents and d settle any and all claims
Western Surety Company further certifies that the Company duly adopted and now in force, to-wit:	following is a true and exa	act copy of Section 7 of the b	y-laws of Western Surety
Section 7. All bonds, policies, undertakings, Pow corporate name of the Company by the President, Sec officers as the Board of Directors may authorize. The Preappoint Attorneys-in-Fact or agents who shall have authorporate seal is not necessary for the validity of an corporation. The signature of any such officer and the co	retary, any Assistant Secre esident, any Vice President, tority to issue bonds, polici y bonds, policies, underta	tary, Treasurer, or any Vice Pr Secretary, any Assistant Secre ies, or undertakings in the nar kings. Powers of Attorney or	resident, or by such other etary, or the Treasurer may me of the Company. The
In Witness Whereof, the said WESTERN SU President with the corporate seal affixed the	JRETY COMPANY has	caused these presents to	be executed by its
attest a. Vieron	W E	Stephen Street	COMPANY
Assistant Se	cretary	St	ephen T. Pate, President
STATE OF SOUTH DAKOTA			
COUNTY OF MINNEHAHA			
On this <u>15th</u> day of <u>September</u> Stephen T. Pate	, _2000	, before me, a Notary Public A. Vietor	c, personally appeared
who, being by me duly sworn, acknowledged that t and Assistant Secretary, respectively, of the said V	hey signed the above Po	ower of Attorney as	President
the voluntary act and deed of said Corporation.		in Airr, and dominomought	6528
to a a a a a a a a a a a a a a a a a a a	55 16 17/10		May
B. THOMAS	SA PARTIES		NUY 2000
NOTARY PUBLIC SEAL SOUTH DAKOTA	NOV 2000	D. Khon	AND SECRETARY
a May Lommiccion Evnisor 6 9 9009 6	E 4 C 122 21 2 700		1037