

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.

Name of Master Plumber MONTBRIAND, DARRELL MONTBRIAND PLUMBING ✓ Bond No. 93 03 9600 8 ✓
Type or Print

Address 28690 GREEN LAKE AVE CHISAGO CITY MN 55013 9507
Street City State Zip

Phone ()

Name of Plumbing Company MONTBRIAND PLUMBING
Type or Print. Must be the same on the certificate of insurance.

Address 28690 GREEN LAKE AVE CHISAGO CITY MN 55013 9507 ✓
Street City State Zip
Must be the same on the certificate of insurance.

Phone ()

Date Original Bond Issued 12 / 12 / 79 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978).

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

Address ONE STATE FARM PLAZA BLOOMINGTON, IL 61710
Street City State Zip

Phone () (309) 766 2090

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, 1998. ✓

Dated this 1ST day of JANUARY, 1998.

STATE FARM FIRE AND CASUALTY COMPANY

Darrell Montbriand ✓
Master Plumber Signature

Name of Surety Company ATTORNEY IN FACT
Wesley Botte ✓
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: (612)215-0836.

DEC 02 1997

9704CC5

OFFICE USE ONLY	Fee <u>\$40.00</u> <u>CCR 6772</u>	Dep. No. <u>101</u>
WC <u>✓</u> PHCC	Lic. No. <u>PM00</u> <u>2885</u>	Renew <u>11 / 10 / 97</u>