# Master Plumber Code Compliance Continuation Bond (To be completed by your Suren 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.

	nski			Bond No. T217521	
	he plumbing company name)	50001			
Address 7102 17th Avenue South		58201		25262720	
Street	City	State Zi	Phone No	32	
Plumbing Company Name Lunski Plum	mbing, Inc.		(2)	2	
Type or Print. Must be	the same as filed the previous	ear.	2	MAR 2005	
Address 7102 17th Avenue South	Grand Forks	s, ND -58201	, 8	MAILEDTARY	
Street (Must be the same as filed the previous y		State Zij	Phone No.	MNI SESTATE	
			1	Though that	
	EDITOR STATE	5005.000		Syptersing 18	
Date Original Bond Issued			as required by s	tatutes.	
Surety Company Name Employers Mr Type or Print	utual Casualty Con	mpany		A SCHOOL STATE OF STA	
Address P.O. Box 712	Des Moines,	IA 50303	(B00)	247. 4445	
Street	City	State Zi	p Phone N	lo.	
The bond described above, and to which this co	ertificate is attached, is he	reby continued in fo	rce from the da	te of last renewal for an	
extended term ending December 31, 2002					
Dated this 4th day of OCTOBER	. 2001	o'regionalisc-mass.			
Danie Luchi	05417 PM	EMPLOYER	S New Dear	CASUALTY COMPA	
		Surety Company Name		CONTA	
Master Plumber's Signature License	: 140.	Surety Company Name	×		
State of Minnesota NO		avuil	l'aur	See	
COUNTY OF GRAND FORKS		Authorized Sign	ature of Surety	Centre o	
Subscribed and sworn before me		KATHY KINGE	RY, ATTORN	EY-IN-FACT	
m.1801-					
Michaelisof	1014 10	MICHAEL SCHAEF	ER )		
	Date	NOTARY PUBLIC	COTA	293031-123	
My commission expires 9 / 11 /	2004 My Co	mmission Expires: Augu	st 11, 2004	HEALTH 20	
Notice to Individual Ameliaanta Hadan Minna	A-	The state of the s		ENG UNIT &	
Notice to Individual Applicants: Under Minnes application are considered private until you are	issued a credential Whe	a, except your name	ntialed all data	BECEIVER DOMING	
become public, except your social security nun		ii you become crede	innaieu, an daic	III les application	
become public, except your social security hum	ibei.			12 4 3	
Notice to Corporate Applicants: Under Minnes	ota Statutes 13 41 all dat	a submitted in this a	onlication are n	ublic except for the	
social security number of any responsible perso		a submitted in this aj	opineation are p	done, exception [413.	
social security number of any responsible person	on, which is private.				
If you require this document in another format,	such as large print, Brail	le, or cassette tape, c	all (651)215-07	700, TDD (651)215-0707	
or for Greater Minnesota through the Minnesot					
RETURN: Bond form, certificate of insurance (if sumbit	The state of the s			1	
Minnesota Departmen	nt of Health	Office use only:	Fee: \$ 47	CCh 19217	
M I N N E S O T A Plumbing Program		office disc offiy.	The state of	00.41-1	

Deposit Date:

Deposit No.:

121 East Seventh Place, Suite 220

P.O. Box 64975 St. Paul, MN 55164-0975

(651)215-0836

DEPARTMENT OF HEALTH

0201255

# **EMC Insurance Companies**

P.O. Box 712 • Des Moines, Iowa 50303

No. 467863

## CERTIFICATE OF AUTHORITY INDIVIDUAL ATTORNEY-IN-FACT

#### KNOW ALL MEN BY THESE PRESENTS, that:

- **Employers Mutual Casualty Company, an Iowa Corporation**
- **EMCASCO Insurance Company, an Iowa Corporation**
- Union Insurance Company of Providence, an Iowa Corporation
- Illinois EMCASCO Insurance Company, an Illinois Corporation
- 5. Dakota Fire Insurance Company, a North Dakota Corporation
- 6. EMC Property & Casualty Company, an Iowa Corporation
- 7. The Hamilton Mutual Insurance Company, an Ohio Corporation

hereinafter referred to severally as "Company" and collectively as "Companies", each does, by these presents, make, constitute and appoint:

KATHY KINGERY, INDIVIDUALLY, DES MOINES, IOWA ......

its true and lawful attorney-in-fact, with full power and authority conferred to sign, seal, and execute its lawful bonds, undertakings, and other obligatory instruments of a similar nature as follows:

#### ANY AND ALL BONDS

and to bind each Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of each such Company, and all of the acts of said attorney pursuant to the authority hereby given are hereby ratified and confirmed.

The authority hereby granted shall expire

April 1, 2002

unless sooner revoked

### **AUTHORITY FOR POWER OF ATTORNEY**

This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at a regularly scheduled meeting of each company duly called and held in 1999:

RESOLVED: The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have power and authority to (1) appoint attorneys-in-fact and authorize them to execute on behalf of each Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and (2) to remove any such attorney-in-fact at any time and revoke the power and authority given to him or her. Attorneys-in-fact shall have power and authority, subject to the terms and limitations of the power-of-attorney issued to them, to execute and deliver on behalf of the Company, and to attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and any such instrument executed by any such attorney-in-fact shall be fully and in all respects binding upon the Company. Certification as to the validity of any power-of-attorney authorized herein made by an officer of Employers Mutual Casualty Company shall be fully and in all respects binding upon this Company. The facsimile or mechanically reproduced signature of such officer, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power-of-attorney of the Company, shall be valid and binding upon the Company with the same force and affect as though manually affixed.

IN WITNESS WHEREOF, the Companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this the day of the companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this the companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this the companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this the companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this the corporate seals to be hereto affixed this the corporate seals to be hereto affixed this the corporate seals to be signed to the corporate seals to the corpor day of

Seals MILLIAN .. LINOIS NSURAN WIN DUKO

**RUTA KRUMINS** Commission Number 176255 My Comm. Exp. Sept. 30, 2003 Bruce G. Kelley, Chairman of Companies 2, 3, 4, 5 & 6; President of Company 1; Vice Chairman and CEO of Company 7

Assistant Secretary

March day of

hefore me a Notary Public in and for the State of Iowa, personally appeared Bruce G. Kelley and Jeffrey S. Birdsley, who, being by me duly sworn, did say that they are, and are known to me to be the Chairman, President, Vice Chairman and CEO, and/or Assistant Secretary, respectively, of each of The Companies above; that the seals affixed to this instrument are the seals of said corporations; that said instrument was signed and sealed on behalf of each of the Companies

by authority of their respective Boards of Directors; and that the said Bruce G. Kelley and Jeffrey S. Birdsley, as such officers, acknowledge the execution of said instrument to be the voluntary act and deed of each of the Companies. My Commission Expires September 30, 2003.

Notary Public in and for the State of Iowa

#### CERTIFICATE

I, David L. Hixenbaugh, Vice President of the Companies, do hereby certify that the foregoing resolution of the Boards of Directors by each of the March 8, 1999

Companies, and this Power of Attorney issued pursuant thereto on on behalf of Kathy Kingery

are true and correct and are still in full force and effect.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 4THday of OCTOBER

Vice-President

"For verification of the authenticity of the Power of Attorney you may call (515) 280-2689.