MASTER PLUMBER CONTINUATION BOND

TO BE COMPLETED BY YOUR SURETY COMPANY

Name of Master Plumber Lavern W. Veit Type or Print	mass.		
Address 6636 Penn Avenue South, Richfield, MN	55423	0.5	
Street City		State	ZIP
Phone ()	8-1		
Name of Plumbing Company Southtown Plumbing, I	nc.		V
Type or Print			
Address 6636 Penn Avenue South, Richfield, MN	55423		
Street City		State	ZIP
Phone ()			
	Sec. 35.		
Statutes 326.40 (1978).	200		V
Name of Bonding Company ALLIED Mutual Insurance	e Compar	ny	
Address 701 5th Ave., Des Moines, IA 50391-200	6		
The bond described above, and to which this certific	cate is att	ached, is	shereby continued
The bond described above, and to which this certific in force from the date of last renewal for an extended	cate is att	ached, is	s hereby continued
The bond described above, and to which this certific in force from the date of last renewal for an extended Dated this 31st day of December, 1997. Masper Plumber Signature	ALLIED Name of Authori	MUTUA of Surety zed Sign	s hereby continued
The bond described above, and to which this certific in force from the date of last renewal for an extended Dated this 31st day of December, 1997. Master Plumber Signature Bond form, certificate of insurance and Department of Health) to: Minnesota East Seventh Place, Suite 220, P.O. Phone: (612)215-0836.	ALLIED Name of Authori Patricia	MUTUA of Surety zed Sign M. Verr	L INSURANCE COMPANY Company M. Lemace Pature of Surety Pace, Attorney-in-Fact Description of the Minnesota Pace of Payable to Minnesota Pace of Minnesota
The bond described above, and to which this certific in force from the date of last renewal for an extended Dated this 31st day of December, 1997. Mesper Plumber Signature Bond form, certificate of insurance at Department of Health) to: Minnesota East Seventh Place, Suite 220, P.O. Phone: (612)215-0836. OFFICE USE ONLY Fee \$440. CCK 1974	ALLIED Name of Authori Patricia	MUTUANT Surety Zed Sign M. Verr O filing fent of Ho	L INSURANCE COMPANY Company Mature of Surety nace, Attorney-in-Fact ee (payable to Minnesota ealth, Plumbing Program, 121 aul, MN 55164-0975.
The bond described above, and to which this certific in force from the date of last renewal for an extended patent of the date of last renewal for an extended	ALLIED Name of Authori Patricia Departments Box 6497	MUTUANT Surety Zed Sign M. Verr O filing fent of Ho	L INSURANCE COMPANY Company Mature of Surety nace, Attorney-in-Fact ee (payable to Minnesota ealth, Plumbing Program, 121 aul, MN 55164-0975.