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. Bond No. 58226974 V Name of Master Plumber Dean Vermilyea Type or Print Address 309 Ellington St., West Concord, MN 55985
Street Phone (Name of Plumbing Company Vermilyea Plumbing
Type or Print. Must be the same on the certificate of insurance. Address 309 Ellington St., West Concord, MN 55985 Street Must be the same on the certificate of insurance. Phone (Date Original Bond Issued $\frac{11}{1978}$ / $\frac{19}{1978}$ in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978). Name of Surety Company WESTERN SURETY COMPANY Type or Print Address 101 S. Phillips Ave., Sioux Falls, SD 57104-6703 Street City Phone (605) 336-0850 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 10th day of October WESTERN SURETY COMPANY Name of Surety Company M. Bent, Ass't. Sec. Master Plumber Signature Authorized Signature of Surety Bond form, certificate of insurance and \$40.00 filing fee (payable to Minnesota RETURN: 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 2 8 1998 9900398 OFFICE USE ONLY Dep. No. Lic. No. PM003601

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