

DUPLICATE

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. An ACORD form or any other certificate of insurance will not be accepted.

Master Plumber Name CLAIR W. YOUNG Bond No. 58435932
Type or Print (do not enter the plumbing company name)
Address 917-4 11TH AVENUE SOUTH HOPKINS MN 55343
Street City State Zip
Phone (612) 938-9173

Plumbing Company Name Community Maintenance, Inc.
Type or Print: Must be the same as filed the previous year.
Must be the same on the certificate of insurance.
Address 5681 E. Glenmoor Rd., Minnetonka, MN 55345
Street City State Zip
Phone (612) 938-5382

Date Original Bond Issued 03 / 15 / 91 in the amount of \$2,000 as stated in
Minnesota Statutes 326.40 (1978).

Surety Company Name WESTERN SURETY COMPANY
Type or Print
Address 101 S. Phillips Ave. Sioux Falls SD 57104-6703
Street City State Zip
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 18th day of September, 1998.

CLAIR W. YOUNG
Master Plumber Signature
WESTERN SURETY COMPANY
Surety Company Name
BY H. Dahlstrom H. Dahlstrom, Ass't Sec.
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: (651)215-0836.

OFFICE USE ONLY Fee \$40 CCR 008374 Dep. No. 097 Dep. Date DEC 22 1998
WC PHCC Lic. No. PM00 4257 Renew 12, 15 98



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