

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 LELAND G STULL Bond No. 55-159749
Type or Print (do not enter the plumbing company name)

Address _____
Street City State Zip

Phone () _____

Plumbing Company Name LEE STULL PLUMBING
Type or Print. Must be the same as filed the previous year.
Must be the same on the certificate of insurance.

Address 15532 NOWTHEN BLVD. RAMSEY, MN 55303
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.

Phone () _____

Date Original Bond Issued 12/ 31/ 1994 in the amount of \$25,000 as required by statutes.

Surety Company Name UNITED FIRE & CASUALTY COMPANY
Type or Print

Address 118 Second Avenue SE Cedar Rapids Iowa 52401
Street City State Zip

Phone (319) 399-5790

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, 2001.

Dated this 16TH day of OCTOBER, 2000.

Leland G Stull
Master Plumber's Signature

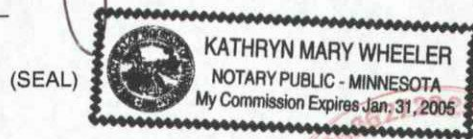
UNITED FIRE & CASUALTY COMPANY
Surety Company Name

[Signature]
Authorized Signature of Surety (Attorney-in-Fact)

State of Minnesota Hennepin)
COUNTY OF _____)
Subscribed and sworn before me

Kathryn Mary Wheeler 12/12/00
Notary Public Date

My commission expires Jan 31, 05



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 <u>40.00/ak/7740</u>	Dep. No. <u>100</u>	Dep. Date <u>DEC 15 2000</u>
	WC _____ PHCC _____	Lic. No. <u>PM00 2769</u>	Renew <u>/ /</u>

0004526



**CERTIFICATE OF INSURANCE
COVERING PUBLIC LIABILITY AND PROPERTY DAMAGE**

THIS COMPLETED CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THE BOND FORM.

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

RETURN TO: Minnesota Department of Health, Plumbing Program. 121 East Seventh Place
Suite 220, P. O. Box 64975, St. Paul, MN 55164-0975

I hereby certify that _____

Plumbing Company Name, if the master plumber does not have a plumbing company name, enter the master plumber's name. The name must be the same as the name on the bond form.

Plumbing Company Address _____

City _____

State _____

Zip _____

The address must be the same as the address on the bond form.

is insured by _____

Name and address of Insurance Company

who is licensed to do business in the State of Minnesota, providing public liability insurance (including products liability insurance) with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000 under the provisions of Policy No. _____

Pending or Binder Will Not Be Accepted

and any renewal number thereof, to be in force for one year from and concurrent with the term of the license.

_____ hereby understands that this policy will be kept in full force and effect

Name of Insurance Company

and will not be cancelled, terminated or allowed to expire without the aforesaid party giving 15 days written notice to the Plumbing Unit of such cancellation termination or expiration.

I further certify that I am a _____ of the above
PRINT - Corporate Officer, Minnesota Resident Agent or other Authorized Representative
insurance company and that I am authorized to bind and hereby do bind it to insure as stated above.

Insurance Agent's Signature _____

Agent's License Number _____

[] Resident Agent

[] Nonresident Agent

PRINT - Agent's Name _____

Name of Insurance Agency _____

Agent's Title _____

Insurance Agency Address _____

City _____

State _____

Zip _____

()
Phone _____

STATE OF _____)
COUNTY OF _____) ss.

Subscribed and sworn before me

Notary Public _____

Date _____

(SEAL)

My commission expires _____ / _____ / _____
Date

STATE OF _____)
COUNTY OF _____)

to me known to be the person(s) described in and who executed the foregoing instrument, as Principal(s), and acknowledged to me that he executed the same as h free act and deed.

Notary Public, _____
County, _____
My commission expires _____

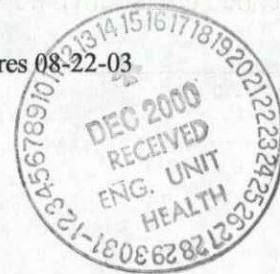
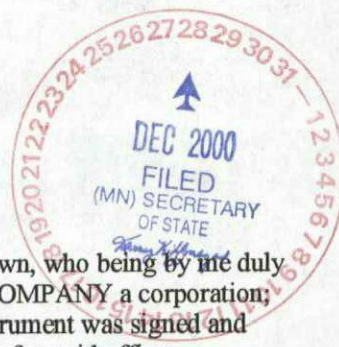
STATE OF _____) ss.
COUNTY OF _____)

to me known, who being by me duly sworn, did depose and say: that he resides in
that he is the President of the

Notary Public, _____
County _____
My commission expires _____

STATE OF IOWA
COUNTY OF LINN

Notary Public, Linn
County, Iowa
My Commission expires 08-22-03





UNITED FIRE & CASUALTY COMPANY

HOME OFFICE - CEDAR RAPIDS, IOWA

CERTIFIED COPY OF POWER OF ATTORNEY

(Original on file at Home Office of Company - See Certification)

KNOW ALL MEN BY THESE PRESENTS, That the UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa, and having its principal office in Cedar Rapids, State of Iowa, does make, constitute and appoint

SCOTT MCINTYRE, JR., OR R.G. HECKROTH, OR J.A. CHAPIN, OR LOIS M. SCHUCHMANN, OR DAVID A. LANGE, OR RUSSELL L. WEBB, OR DAVID G. DENNIS, OR JUDITH A. DAVIS, OR CONNIE J. SNYDER, OR DAVID S. DOWNEY, OR DENNIS J. RICHMANN, OR TODD A. KRAMER, OR AARON GREEN, OR TERRY L. STANFORD, ALL INDIVIDUALLY

of CEDAR RAPIDS, IOWA

its true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature as follows: ANY AND ALL BONDS

and to bind UNITED FIRE & CASUALTY COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of UNITED FIRE & CASUALTY COMPANY and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

The Authority hereby granted shall expire APRIL 24th 2002 unless sooner revoked.

This power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the Board of Directors of the Company on April 18, 1973.

"Article V - Surety Bonds and Undertakings."

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Company, may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Company in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Company by their signature and execution of any such instruments and to attach the seal of the Company thereto. The President or any Vice President, the Board of Directors or any other officer of the Company may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the UNITED FIRE & CASUALTY COMPANY has caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 24th day of APRIL ,A.D. 2000



UNITED FIRE & CASUALTY COMPANY

By *John R. Cruise*
Vice President

State of Iowa, County of Linn, ss:

On this 24th day of APRIL 2000, before me personally came John R. Cruise to me known, who being by me duly sworn, did depose and say: that he resides in Cedar Rapids, State of Iowa; that he is a

Vice President of the UNITED FIRE & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporated seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.



Sheryl A McVay
Notary Public

My commission expires March 4, 2003

CERTIFICATION

I, the undersigned officer of the UNITED FIRE & CASUALTY COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Company this 16TH day of OCTOBER 2000



Shonol Reese Secretary