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

Master Plumber Name	Michael Schutz				Bond No68	900549
Address 89 Pleasant		Granite Falls	MNI EC	2.41		
Street Street		City	MN 56.	Zip	Phone No.	
Plumbing Company Name _				C.P	Thome I've.	
T T	ype or Print. Must be the sa	me as filed the previous yes	ar.	18 1		
Address						
AddressStreet (Must be the same	e as filed the previous year.)	City	State	Zip	Phone No.	
			- Olate	Z.p	Thouse Ivo.	
Date Original Bond Issued _	01 / 01	/ 00 in the ar	mount of \$25,0	000 as re	equired by statute	·S.
Surety Company Name Type	WESTERN SU	JRETY COMPANY				Control of the State of the Sta
Address 101 S. Phi			104-6703		(605) 336	-0850
Street		City	State	Zip	Phone No.	45%
The bond described above, a	and to which this certific	ate is attached is here	by continued i	n force	from the data of	20212222
extended term ending Decen	nber 31, 2001	_·	by continued i	II TOICE	from the date of	as a mewal Tor and
D. 14: 12+h	Dogombou	2000			1	DEC 2000
Dated this 13th day of	December	, 2000				DEC 2000 PET 2829 PET
2011	1					ENG. UNIT
W what I ho	\$.		WESTERN	SURE	TY COMPANY	O HEALTH S
Master Plumber's Signature			Surety Company	Name	1	123456780
State of Minnesota	)		Yh X	mai	uske M. A	nawski, Ass't. Sec
COUNTY OF MELL.			Authorized	Signatur	re of Surety	9.7
Subscribed and sworn before	: me		g	******		1 \ 1 m
Destt C. Rase	SI macerna	118 100		SCOT	T C. RASMUSSON	10 H 1 16/7/8
Notary Public	Date			MY COMM	HISSION EXPIRES 431 4905	The second
My commission expires	1 131 120	005	Even(S)	EAL)	***************************************	DEC 2000 2
Notice to Individual Applica	nts: Under Minnesota St	atutes 13.41, all data.	except your na	ame and	address submitt	AGD THERECEIVED
application are considered pr	rivate until you are issue	d a credential. When	you become cr	redential	led, all data in thi	s application UNI
become public, except your s	ocial security number.					HEALTH
Notice to Corporate Applicar	nts: Under Minnesota St	atutes 13.41, all data s	ubmitted in th	is applic	ration are public	evcent for the
social security number of any	responsible person, wh	ich is private.		is applie	ation are public,	except for the
If you require this do sum out	:					
If you require this document or for Greater Minnesota thro	in another format, such	as large print, Braille,	or cassette tap	for (65)	651)215-0700, T	DD (651)215-0707
	aga are manesota nell	2031	-3329 and ask			
RETURN: Bond form, certificate of				0	m003	246
MINNESOTA	Minnesota Department of He Plumbing Program	alth	Office He			O CCK 5585
MILLI	121 East Seventh Place, Su	te 220 DEC. 2000	Deposit D	ate:	EC 2 2 200	0'
	P.O. Box 64975	FILEDTARY	9	1	702 2 200	U-
	St. Paul, MN 55164-0975	(MN) SECTATE	Deposit N	0.:	-00	
DEPARTMENT OF HEALTH	(651)215-0836	The standing	107	- Allian		
		6618111018141			000	4605 g

C61817181814



## **POWER OF ATTORNEY**

## KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

M. Anawski	of Sloux Falls
State of South Dakota	, its regularly elected Assistant Secretary
	ority hereby conferred upon him to sign, execute, acknowledge and deliver fo
and on its behalf as Surety and as its act and	deed, all of the following classes of documents to-wit:
equity, policies indemnifying employers against lo fidelity bonds. Indemnity in all cases where inde	be desired by contract, or may be given in any action or proceeding in any court of law o ss or damage caused by the misconduct of their employees; official, bail, and surety and mnity may be lawfully given; and with full power and authority to execute consents and or document executed for this Company, and to compromise and settle any and all claims by.
	at the following is a true and exact copy of Section 7 of the by-laws of Western Surety
corporate name of the Company by the President officers as the Board of Directors may authorize. The appoint Attorneys-in-Fact or agents who shall have corporate seal is not necessary for the validity	s, Powers of Attorney, or other obligations of the corporation shall be executed in the t, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other he President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may e authority to issue bonds, policies, or undertakings in the name of the Company. The of any bonds, policies, undertakings, Powers of Attorney or other obligations of the
corporation. The signature of any such officer and	the corporate seal may be printed by facsimile.
	RN SURETY COMPANY has caused these presents to be executed by its
President with the corporate seal affi	xed this 13th day of December , 2000
ATTEST	WESTERN SURETY COMPANY
a. Vieron	
a. Viero	By Suphus 1. Tate
Assist	By SURETY COMPANY  Stephen T. Pate, President
STATE OF SOUTH DAKOTA	
> S	
COUNTY OF MINNEHAHA	
On this 13th day of Decembra Stephen T. Pate	per , 2000 , before me, a Notary Public, personally appeared A. Vietor
and Assistant Secretary, respectively, of the s	that they signed the above Power of Attorney as President said WESTERN SURETY COMPANY, and acknowledged said instrument to be n.
* ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
B. THOMAS	described as well as the Company, and to companies and settle any and all plans.
NOTARY PUBLIC SEAL SOUTH DAKOTA	B. Thomas
	8. Chomas
My Commission Expires 6-2-2003	Notary Public