

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 TERRANCE L. PETERSON Bond No. 93-GD-4592-3F
Type or Print (do not enter the plumbing company name)

Address 12379 ENDLESS WATERS RD. P.O. BOX 291 ELY MN 55731 (218) 365-2562
Street City State Zip Phone No.

Plumbing Company Name PETE'S PLUMBING CO. OF ELY
Type or Print. Must be the same as filed the previous year.

Address SAME AS ABOVE ()
Street (Must be the same as filed the previous year.) City State Zip Phone No.



Date Original Bond Issued 09 / 07 / 2000 in the amount of \$25,000 as required by statutes.

Surety Company Name State Farm
Type or Print

Address 5163 Bloomington Ave S Mpls MN 55417 (612) 722-3409
Street City State Zip Phone No.

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 31, 2001.

Dated this 22nd day of November, 2000.

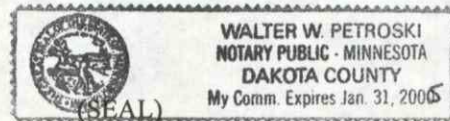
Terrance L. Peterson
Master Plumber's Signature

State Farm
Surety Company Name

State of Minnesota)
COUNTY OF Dakota)
Subscribed and sworn before me

Mary Conway
Authorized Signature of Surety

Walter W Petroski 11 / 22 / 2000
Notary Public Date
My commission expires 1 / 31 / 2005



Notice to Individual Applicants: Under Minnesota Statutes 13.41, all data, except your name and address, submitted in this application are considered private until you are issued a credential. When you become credentialed, all data in this application become public, except your social security number.

Notice to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except for the social security number of any responsible person, which is private.

If you require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD (651)215-0707 or for Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700.

RETURN: Bond form, certificate of insurance (if submitted) and \$40 filing fee to:



Minnesota Department of Health
Plumbing Program
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975
(651)215-0836



Office use only: Fee: CCR 1009/40.00

Deposit Date: NOV 28 2000

Deposit No.: 087

PM002704

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