## MASTER PLUMBER BOND TO BE COMPLETED BY YOUR SURETY COMPANY

KNOW ALL MEN BY THESE PRESENTS:	BOND NO. 9330368	
THAT AIRTECH INC	of	
Plumbing Company Name, if the master plumber does not have master plumber's name.	a plumbing company name, enter the	
4918 W 35TH ST LOUIS PARK MN 55416-2612		
Plumbing Company Address as principal, andFEDERATED MUTUAL INSURANCE COMPAN	State Zip	
Surety Company Name	JESOTA 55060	
Surety Company Address City	State Zip	
a corporation authorized to do business in the state of Minnesota, as Surety, are jointly		
and severally held and firmly bound to the state of Minnesota, in the sum of TWO THOUSAND DOLLARS (\$2,000) for the benefit of persons injured or suffering financial loss by reason		
of failure of performance as herein specified for the payment of which, well and truly to		
be made, we bind ourselves, and each of us, our and each of our heirs, executors.		
administrators, successors and assigns, firmly by these		
THE CONDITION of the above abligation is such that III	EDEAC the said Dringing] is	
THE CONDITION of the above obligation is such that WH licensed as a Master Plumber.	EREAS THE SATU PRINCIPAL IS	

NOW. THEREFORE if said Principal shall faithfully and lawfully perform all work entered upon by him/her within the state of Minnesota, then this obligation to be void: otherwise to remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **December 31, 199 9**. The total liability of the Surety hereunder shall in no event exceed the total sum of TWO THOUSAND DOLLARS (\$2,000).

Signed this <u>31ST</u> day of <u>DECEMBER</u>	199 <u>8</u> .
Signed, sealed and delivered in the presence of: (as to Principal))	RICHARD R JOHNSTONE
Hitness Signature	PRINT - Master Plumber Name
Witness Signature	Master Plumber Signature
(as to Surety) <u>Handle Hateaa</u> Witness Signature	Surety Seal
Witness Signature	Attorney in Fact ELLEN VALEK Kollen Countersigned by Minnesota Resident Agent. If Required
THE REVERSE SIDE OF THIS FORM MUST ALSO B	E COMPLETED AND THE POWER OF ATTORNEY ATTACHED.
RETURN: Bond form. certificate of insurance, power Department of Health) to: Minnesota Depart Suite 220, P.O. Box 64975, St. Paul, MN 55	of attorney, and \$40.00 filing fee (payable to Minnesota tment of Health. Plumbing Program, 121 East Seventh Place. 5164-0975. Phone: (651)215-0836.
OFFICE USE ONLY Fee #40 CCL 8336	
WCPHCC Lic. No. PM00 1363	Renew_12 / 29 / 98

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## YOU MUST COMPLETE A or B and C

## A. ACKNOWLEDGEMENT OF INDIVIDUAL OR PARTNERSHIP CONTRACTOR

	STATE OF
Β.	ACKNOWLEDGEMENT OF CORPORATE CONTRACTOR
	STATE OF MINNESOTA O }ss.
•	On this 22 day of December, 1998, personally came Dennis E. LA GRANGE
	who being by me duly sworn, did say that he/she is President
	of <u>Airtech Inc</u> , a <u>Minnesora</u> corporation: and that said instrument was executed in behalf of the corporation by
	authority of its Board of Directors; that he/she acknowledged said instrument to be
	the free act and deed of the corporation.
	Notary Public (SEAL)
	My commission expires Date Date JAMEY CLINE NOTARY PUBLIC-MINNESOTA My Commission Expires Jan. 31, 2000
r C	ACKNOWLEDGEMENT OF CORPORATE SURETY
	STATE OF MINNESOTA
	County of <u>STEELE</u> }ss.
	On this <u>31ST</u> day of <u>DECEMBER</u> , <u>1998</u> , personally came <u>ELLEN VALEK</u> ,
	and to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact, of FEDERATED MUTUAL INSURANCE COMPANY
	the corporation whose name is affixed to the foregoing instrument; that the seal
	affixed to the foregoing instrument is the corporate seal of the said corporation; and that said instrument was executed in behalf of said corporation by authority of its
	board of directors and said <u>ELLEN VALEK</u> acknowledged that he/she executed
	said instrument as attorney in fact as the free act and deed of said corporation.
(	Notar Public JULILLA Date IVAN SCHULTTE
	My commission expires 01 / 31 / 2000
	Date Commencement State

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