

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 HAROLD E. DAY ✓ Bond No. 019008523 ✓
Type or Print (do not enter the plumbing company name)
Address 410 NIAGARA LN. N. PLYMOUTH MN. 55447
Street City State Zip
Phone (612) 473-5349

Plumbing Company Name DAY, HAROLD E. + SON INC. ✓
Type or Print. Must be the same as filed the previous year.
Must be the same on the certificate of insurance.
Address 410 NIAGARA LN. N. PLYMOUTH MN. 55447
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.
Phone (612) 473-5349

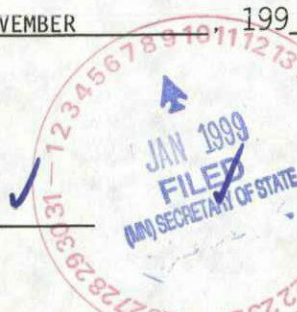
Date Original Bond Issued 01 / 01 / 96 in the amount of \$2,000 as stated in
Minnesota Statutes 326.40 (1978).

Surety Company Name AMWEST SURETY INSURANCE COMPANY ✓
Type or Print
Address 600 SOUTH HIGHWAY 169, SUITE 655, ST. LOUIS PARK, MN 55426
Street City State Zip
Phone (612) 541-9151

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, 199 9 ✓

Dated this 11TH day of NOVEMBER, 199 8.

Harold E. Day
Master Plumber Signature



AMWEST SURETY INSURANCE COMPANY

Surety Company Name

Christina L. Stamy
Authorized Signature of Surety
CHRISTINA L. STAMY, ATTORNEY-IN-FACT



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</u> <u>4321</u>	Dep. No. <u>103</u>	Dep. Date <u>JAN 05 1998</u>
WC ✓	PHCC	Lic. No. <u>PM00 2083</u>	Renew <u>11 / 18 98</u>