MASTER PLUMBER CONTINUATION BOND

The attached Certificate of Insurance and	d \$40 filing fee must be submitted with this bond.
Name of Master Plumber STANLEY R. C	GARPINICIE Bond No. BD 7900542021
Address PO Box 26026 Street	<u>St Louis Park MN 55426</u> City State Zip
Phone (6)2)648-0150	
Name of Plumbing Company Affordable Type or Print. Must	Plumbing & Heating Inc t be the same on the certificate of insurance.
Address PO Box 26026 Street Must be the same on the certificate of in:	St Louis Park Mn 55426 City State Zip
Phone (612) $648-0150$	
1.0000 7 01% / 049=0130	
Minnesota Statutes 326.40 (1978).	/1991 in the amount of \$2,000 as stated in
Type or Print	lied Mutual Insurance Co
Address 701 5th Ave Des Moin	nes, IA 50391-2006 City State Zip
Phone (800) 532-1436	
The bond described above, and to which th continued in force from the date of last December 31st, 199_8	
Dated this _18 day of	. 199 7.
	Allied Insurance Co
52. 9. Q.100 1/3	Name of Surety Company
Master Plumber Signature	DEC 1997 FILED MN) SECRETARY OF STATE
RETURN: Bond form, certificate of insural Department of Health) to: Minne	ance and \$40.00 filing fee (payable to Minnesota sota Department of Health, Plumbing Program, 20. P.O. Box 64975, St. Paul, MN 55164-0975.
OFFICE USE ONLY Fee \$40. CCK 5410	Dep. No. 100
WC PHCC Lic. No. PM00 1739	DEC 01 1997 Dep. No. 100 Renew 12/01 197 Renew 12/01 197 Renew 12/01 197
	201115131412