

Unlicensed Plumbing Contractor Bond

(Applies to all persons other than licensed master plumbers.)

To be completed by your surety company.

Bond No. 0469288



CUTTING EDGE EXCAVATING JASON VIEBROCK DBA:
Company Name, if none, the plumbing contractor's name.

PO BOX 391 HUGO MN 55038 (651) 426-6966
Plumbing Company Address City State Zip Telephone No.

as principal, and WEST BEND MUTUAL
Surety Company Name
1900 SOUTH 18TH AVENUE WEST BEND WI 53095 (800) 236-5010
Surety Company Address City State Zip Telephone No.

a corporation licensed to do business in the State of Minnesota, as Surety, are jointly and severally held and firmly bound to the State of Minnesota, as Obligee, in the sum of **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the payment of which, we bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents.

NOW, THEREFORE, the condition of this obligation is such that, if the undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing code as required pursuant to Minnesota Rules, Chapter 4715, then this obligation shall be null and void; otherwise, it shall remain in full force and effect for a period not to exceed one year ending December 31st. The period of this bond is DECEMBER 31ST, 2002 through December 31, 2003. During the term of this obligation, the Principal and Surety will pay unto the Obligee, or as otherwise directed by the Obligee, the amount needed to correct noncomplying plumbing work, not to exceed **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure to comply with the requirements of the plumbing code, Minnesota Rules, Chapter 4715.

FURTHERMORE, it is understood and agreed that:

1. The aggregate liability of the Surety hereunder pertains to all claims arising during the period defined above.
2. In the event the bond does not provide for correction of all noncomplying plumbing work, the bond paid by the undersigned Surety does not relieve the undersigned Principal of liability for correcting noncomplying plumbing work by said Principal or persons working under said Principal's supervision.
3. This bond is a continuous obligation which may be canceled at any time as to further liability upon the Surety's giving at least fifteen (15) days written notice to the Commissioner of Health. In the event of cancellation, the Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the fifteen (15) day notice period.

Signed and sealed this 24TH day of APRIL, 2003.

JASON VIEBROCK
Print - Plumbing Contractor Name

Jason Viebrock
Signature Principal

Surety Corporation WEST BEND MUTUAL INSURANCE COMPANY

By *[Signature]*
Attorney in Fact

Seal

- The reverse side of this form must also be completed and the Power Of Attorney attached.
- The bond form must be accompanied by a \$40 fee, payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, Subd. 2).



Minnesota Department of Health
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975
651/215-0836
Minnesota Relay Service (Greater MN)
1/800/627-3529
Minnesota Relay Service (Metro): 297-3353



Office Use Only: Fee \$40 cash/0013
Deposit Date: MAY 06 2003
Deposit No.: 100

0306784

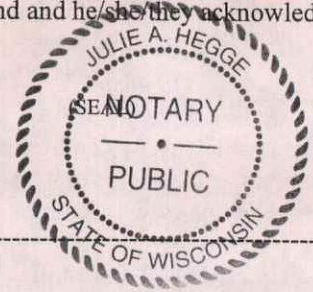
You must complete A or B and C

A. Acknowledgement of Individual or Partnership Contractor

State of ~~MINNESOTA~~ WISCONSIN }
County of POLK }ss.

On this 24TH day of APRIL, 2003, personally came JASON VIEBROCK to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same to be his/her/their own free act and deed.

Julie A. Hegge 4.24.03
Notary Public Date
My commission expires 7.27.2005
Date



B. Acknowledgement of Corporate Contractor

State of Minnesota }
County of _____ }ss.

On this _____ day of _____, _____, personally came _____ who being by me duly sworn, did say that he/she is _____ of _____, a _____ 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.

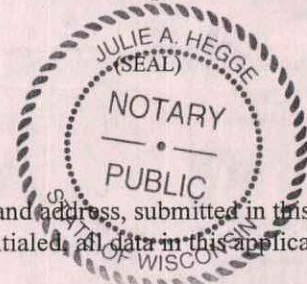
_____/_____/_____
Notary Public Date (SEAL)
My commission expires ____/____/_____
Date

C. Acknowledgement of Corporate Surety

State of ~~MINNESOTA~~ WISCONSIN }
County of POLK }ss.

On this 24TH day of APRIL, 2003, personally came _____, and TIMOTHY JAMES HENNINGSGARD to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact, of WEST BEND 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 TIMOTHY J. HENNINGSGARD acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

Julie A. Hegge 4.24.03
Notary Public Date
My commission expires 7.27.05
Date



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.

Power of Attorney

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

Chris A. McKenzie, Bruce R. Fillipi, Cindy K. Helbig, Timothy J. Henningsgard

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: \$1,000,000

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-in-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 21st day of December,

Attest

Larry R. Roth

Larry R. Roth, Secretary

State of Wisconsin
County of Washington



John R. Dedrick

West Bend Mutual Insurance Company
John R. Dedrick, President

On the 21st day of December, 1999 before me personally came John R. Dedrick, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



John F. Duwell

John F. Duwell
Sr. Vice President
Notary Public, Washington Co. WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 3 day of April, 2003



Kevin A. Steiner

Kevin A. Steiner
Vice President

Notice: Reproductions are not binding on the company. Any questions concerning this Power of Attorney may be directed to the Bond Manager at National Specialty Insurance, a division of West Bend Mutual Insurance Co.