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. Bond No. 68581696 Master Plumber Name KEITH A- KUNPEN

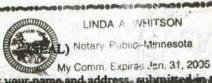
Type or Print (do not enter the plumbing company name) 5061 Ebel Way, Northfield, MN 55057 • (507) 663-7870 Phone No. Address Keith Pumper Plumbing & Heating, Inc. Plumbing Company Name
Type or Print. Must be the same as filed the previous year. 5061 Ebel Way, Northfield, MN 55057 Address Street (Must be the same as filed the previous year.) Date Original Bond Issued 01 / 01 / 00 in the amount of \$25,000 as required by statutes. Surety Company Name WESTERN SURETY COMPANY
Type or Print 101 S. Phillips Ave., Sioux Falls, SD 57104-6703 (605) 336-0850 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, 2004 15th day of WESTERN SURETY COMPANY Surety Company Name Master Plumber's Signature State of Minnesota

COUNTY OF

Subscribed and sworn before me

Notary Public My commission expires

Authorized Signature of Surety J. Cavanaugh, Ass't, Sec.



Notice to Individual Applicants: Under Minnesota Statutes 13.41, all data, except your name and address, submitted in a 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 sumbitted) and \$40 filing fee to:

PARTMENT OF HEALTH

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

Amo03931 Office Use Only: Fee: 40.00 CCK/9 Deposit Date: Deposit No.:___

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Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

| U. Cavanaugn | of Sloux ralls |
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| State of South Dakota | , its regularly elected Assistant Secretary |
| | hority hereby conferred upon him to sign, execute, acknowledge and deliver for deed, all of the following classes of documents to-wit: |
| equity, policies indemnifying employers against lefidelity bonds. Indemnity in all cases where ind | be desired by contract, or may be given in any action or proceeding in any court of law or best or damage caused by the misconduct of their employees; official, bail, and surety and emnity may be lawfully given; and with full power and authority to execute consents and redocument executed for this Company, and to compromise and settle any and all claims or |
| Western Surety Company further certifies to Company duly adopted and now in force, to-wit: | hat the following is a true and exact copy of Section 7 of the by-laws of Western Surety |
| corporate name of the Company by the Presider officers as the Board of Directors may authorize may appoint Attorneys-in-Fact or agents who shall | is, Powers of Attorney, or other obligations of the corporation shall be executed in the at, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasure I have authority to issue bonds, policies, or undertakings in the name of the Company. The proposed in the policies, undertakings, Powers of Attorney or other obligations of the corporation are seal may be printed by facsimile. |
| | RN SURETY COMPANY has caused these presents to be executed by its the corporate seal affixed this15th day ofOctober |
| ATTEST | WESTERN SURETY COMPANY |
| a. Vieror | TITE IS |
| Assis | tant Secretary By Paul T. Bruflat, Senior Vice President |
| STATE OF SOUTH DAKOTA ss | |
| On this 15th day of October Paul T. Bruflat | , 2003 , before me, a Notary Public, personally appeared A. Vietor |
| | that they signed the above Power of Attorney as Senior Vice President said WESTERN SURETY COMPANY, and acknowledged said instrument to be |
| the voluntary act and deed of said Corporation | |
| D. KRELL | |
| SEAL SOUTH DAKOTA SEAL | the Krell |
| My Commission Expires November 30, 2 | Notary Public |