## 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

| Type or Friate  City  Street  Company  Name  WESTERN SURETY COMPANY  Surety Company  Name  Authorized Signature of Surety J. Cavanaugh, Ass't  Surety Company  Name  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires Jan 31. 2005  Samety Company  Name  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires Jan 31. 2005  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature of Surety J. Cavanaugh, Ass't  Commission expires  Authorized Signature  A     | nster Plumber Name RUSS ELL  |  | EK                              |                          | Bond No5834                                     | 2368                        |
|--|--|--|---------------------------------|--------------------------|---|-----------------------------|
| Type or Friest  City State  Ci     | Type or Print (do not enter t  | the plumbing company name)   |                                 |                          | 20 - 20/  | 1300                        |
| Type or Frist dress  101 S. Phillips Ave., Signature  then of Minnesota  Suret (Must be the same as filed the previous year.)  City  State  2392 110th Ave., Bresham, MN 55006  Street (Must be the same as filed the previous year.)  City  State  Zup  Phone No.  WESTERN SURETY COMPANY  Type or Frist  dress  101 S. Phillips Ave., Signature  then of Minnesota  Bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for attended term ending December 31, 2004  Wester Fluenber' Signature  the of Minnesota Muster  December  Authorized Signature of Surety', Cayanaugh, Ass't  Described and sworn before me  Wester State  Authorized Signature of Surety', Cayanaugh, Ass't  Described and sworn before me  JANICE M. MUNTER  Notare vibile—Minnesota  NOTIFY OF Jacob  Authorized Signature of Surety', Cayanaugh, Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  Notare vibile—Minnesota  Signature of Surety', Cayanaugh, Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  Notare vibile—Minnesota  Signature of Surety', Cayanaugh, Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  Notare vibile—Minnesota  Signature of Surety', Cayanaugh, Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  Notare vibile—Minnesota  Signature of Surety', Cayanaugh, Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  Notare vibile—Minnesota  Signature of Surety', Cayanaugh, Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  Notare vibile—Minnesota  Signature of Surety', Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  Notare vibile—Minnesota  Signature of Surety', Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  JANICE M. MUNTER  Notare vibile—Minnesota  JANICE M. MUNTER  Notare vibile—Minnesota  Signature of Surety', Ass't  Surety Company Name  JANICE M. MUNTER  Notare vibile—Minnesota  JANICE M. MUNTER  Notare vibile—Minnesota  J     | dress 2392 110th Ave., Braham,   | MN 55006   |                                 |                          |   | - 2373                      |
| Type or Print. Must be the same as filed the previous year.    1   |  |  |                                 | Zip                      | Phone No.                                       | 18910772                    |
| Type or Frist  Grest (Must be the same as filed the previous year.)  City  State  Company  Name  WESTERN SURETY  COMPANY  Surety  Company  Name  WESTERN SURETY       | mbing Company Name East Centr  | al Plumbing & Heat   | ng, Inc.                        |                          | 660   | 182                         |
| Street (Must be the same as filed the previous year.)  City  State  Zip  Phone No.  WESTERN SURETY  Type or Print  these  101 S. Phillips Ave., Sioux Falls, SD 57104-6703  Street  City  State  Type or Print  these  101 S. Phillips Ave., Sioux Falls, SD 57104-6703  Street  City  State  Typ  Phone No.  WESTERN SURETY  Type or Print  The day of December  Authorized Signature  The day of December  Top Thomas No.  WESTERN SURETY COMPANY  Surety Company Name  WESTERN SURETY COMPANY  Surety Company Name  WESTERN SURETY COMPANY  Surety Company Name  Authorized Signature of Surety J. Cavanaugh, Ass't  Top Tubble  Top Tubble  Top Tubble  To Individual Applicants: Under Minnesota Statutes 13.41, all data, except your name and address, submitted in this splication are considered private until you are issued a credential. When you become credentialed, all data in this application come public, except your social security number.  State to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except your social security number.  State to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are considered private until you are issued a credential. When you become credentialed, all data in this application come public, except your social security number.  State to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except your social security number.  State to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except your social security number.  State to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are considered private until you are issued a credential.  When you become credentialed, all data in this application are public, except your name and address, submitted in this application are public, except your name and address, submitted in this application are public, except your name a     | Type or Print. Must be   | the same as filed the previous ye  | r.                              |                          | 100   | 1                           |
| e Original Bond Issued O1 / 01 / 00 in the amount of \$25,000 as required by standing they company Name WESTERN SURETY COMPANY  Type or Frist  thess 101 S. Phillips Ave., Sioux Falls, SD 57104-6703 (605) 336-0850  Surest City State Zip Phone No.  choold described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for a choled term ending December 31, 2004  ted this 17th day of December 2003  WESTERN SURETY COMPANY  Surety Company Name  Type or Frist  WESTERN SURETY COMPANY  Surety Company Name  Authorized Signature of Surety J. Cavanaugh, Ass't company Name  Type bubble Date J. 2004  Authorized Signature of Surety J. Cavanaugh, Ass't company Name  Proble 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 come public, except your social security number.  Surety Company Name  OI 05   2004  MINNEY OF MUNTER  Notar which Minnesota Statutes 13.41, all data submitted in this application are public, except your social security number.  Surety Company Name  Office Use Only: Fee: \$44   Cayanaugh Company Name  Office Use Only: Fee: \$44   Cayanaugh Company Name  Notar which is application of insurance (if sumbined) and \$40 filing fee to:  MINNEY OF OTHER STATE OF THE | 2392 110th Ave Br  | aham. MN 55006   |                                 |                          | 1320/396  | -F2 3193                    |
| ety Company Name  WESTERN SURETY COMPANY  Type or Prist  dress 101 S. Phillips Ave., Sioux Falls, SD 57104-6703 (605) 336-0850  Street City State Zip Phone No.  c bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for a ended term ending December 31, 2004  ted this 17th day of December  wester Pleaser's Signature  tee of Minnesota  State Pleaser's Signature  WESTERN SURETY COMPANY  Surecy Company Name  WESTERN SURETY COMPANY  Surecy Company Name  WESTERN SURETY COMPANY  Surecy Company Name  Authorized Signature of Surety J, Cavanaugh, Ass't commission expires  Wester Pleaser's Signature  To Date  JANICE M. MUNTER  Notarin plice-Minnesota  My Comm Expires Jan 31, 2005  Notarin plice-Minnesota  My Comm Expires Jan 31, 2005  State of Individual Applicants: Under Minnesota Statutes 13.41, all data, except your name and address, submitted in this optication are considered private until you are issued a credential. When you become credentialed, all data in this application come public, except your social security number.  The company Name  Surecy Company Name  Notarin plice-Minnesota  My Comm Expires Jan 31, 2005  Ny Comm     | di 633   | Control of the Contro | State                           | Zip                      | Phone No.                                       | N) SECRETARY                |
| trees 101 S. Phillips Ave., Sioux Falls, SD 57104-6703 (605) 336-0850  City State Zip Phone No.  Bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for a ended term ending December 31, 2004  Led this 17th day of December 2003  WESTERN SURETY COMPANY  Surety Company Name  LUNTY OF Surety Company Name  LUNTY OF Date Muniter Notar bluck-Minnesota Statutes 13.41, all data, except your name and address, submitted in this plication are considered private until you are issued a credential. When you become credentialed, all data in this application come public, except your social security number.  Location of Aminesota Statutes 13.41, all data submitted in this application are public, except for the cital security number of any responsible person, which is private.  Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700.  Minnesota Department of Health Deposit Date:  Minnesota Department of Health Minnesota Deposit Date:  12 East Seventh Place, Suite 220  Deposit Date:  | te Original Bond Issued 01 / 01  WESTER  | / 00 in the a  | mount of \$25                   | ,000 as r                | equired by statutes                             | 35 47 57 78 TU              |
| Street  City  State  Zip  Phone No.  Street  City  State  Street  City  State  Street  City  State  Street  City  State  Street  Stree     | 199e or Fried  | Cierry Falle SD 57   | 104-6703                        |                          | (605) 336-                                      | 0850                        |
| bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for a ended term ending December 31, 2004  Led this 17th day of December 2003  WESTERN SURETY COMPANY  Survey Company Name  Led of Minnesota  NUNTY OF  Authorized Signature of Survety 1, Cavanaugh, Ass't becribed and sworn before me  Authorized Signature of Survety 1, Cavanaugh, Ass't commission expires 1 31 05  SEAL My Comm. Expires Jan 31, 2005  (SEAL My Comm. Expires Jan 31, 2005)  SEAL My Comm. Expires Jan 31, 2005  (SEAL My Company Name Notar induced 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 come public, except your social security number.  Strice to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except your require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD (651)215-0700.  TURN: Bond form, certificate of insurance (if sumbitted) and \$40 filing fee to:  Minnesota Department of Health  Plumbing Program  121 East Seventh Place, Suite 220  Minnesota Department of Health  Plumbing Program  122 East Seventh Place, Suite 220  Deposit Date:  130 1 2003  WESTERN SURETY COMPANY  Survey Company Name  WESTERN SURETY COMPANY  Survey Company Name  Authorized Signature of Survety 1, Cavanaugh, Ass't the program and address, submitted in this application are public, except for the cital security number of any responsible person, which is private.  WINTERN SURETY COMPANY  Survey Company Name  Authorized Signature of Survety 1, Cavanaugh, Ass't the program of Sur    |  |  |                                 | 7in                      |   | 3030 April 1                |
| ted this 17th day of December 2003.  WESTERN SURETY COMPANY  Surety Company Name  Authorized Signature of Surety J. Cavanaugh, Ass't Described and sworn before me  JANICE M. MUNTER  Notar public 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 come public, except your social security number.  Authorized Signature of Surety J. Cavanaugh, Ass't Date  Notar public Minnesota  SEALL Worm Expires Jan 31.2005  TO Company Name  Manual Manual Munter  Notar public Minnesota  Notar public Minnesota  SEALL Worm Expires Jan 31.2005  SEALL Worm E     |  |  |                                 | 20.00                    |   |                             |
| Surety Company Name  The of Minnesota Surety Office Use Only: Fee: Bull Company Name  Authorized Signature of Surety J. Cavanaugh, Ass't Surety Company Name  Authorized Signature of Surety J. Cavanaugh, Ass't Surety Public  Date  Office Use Only: Fee: Bull Company Name  Authorized Signature of Surety J. Cavanaugh, Ass't Surety Public Notare public Minnesota Name Notare public Minnesota Name Notare public Minnesota Name Notare public Notare public Minnesota Name Notare public Notare public Notare public Notare public Minnesota Name Notare public Notare publ     | 2. soll OlbuBeck   |  | WESTER                          | N SURE                   | ETY COMPANY                                     |                             |
| Authorized Signature of Surety J. Cavanaugh, Ass't Decribed and swom before me  JANICE M. MUNTER Notar ambite-Minnesota any Public recommission expires  JANICE M. MUNTER Notar ambite-Minnesota any Public recommission expires  JANICE M. MUNTER Notar ambite-Minnesota any Public recommission expires  JANICE M. MUNTER Notar ambite-Minnesota any Public recommission expires  My Comm Expires Jan 31, 2005  SEALL When your name and address, submitted in this application are public, except your social security number.  Authorized Signature of Surety J. Cavanaugh, Ass't Deate Notar ambite-Minnesota My Comm Expires Jan 31, 2005  SEALL When your name and address, submitted in this application are public, except for the cial security number of any responsible person, which is private.  Authorized Signature of Surety J. Cavanaugh, Ass't Deate Notar ambite-Minnesota My Comm Expires Jan 31, 2005  SEALL When your name and address, submitted in this application are public, except for the cial security number of any responsible person, which is private.  Authorized Signature of Surety J. Cavanaugh, Ass't Deate My Comm Expires Jan 31, 2005  SEALL When your name and address, submitted in this application are public, except for the cial security number of any responsible person, which is private.  Authorized Signature of Surety J. Cavanaugh, Ass't Deate My Comm Expires Jan 31, 2005  SEALL When your name and address, submitted in this application are public, except for the cial security number of any responsible person, which is private.  Authorized Signature of Surety J. Cavanaugh, Ass't Deate My Comm Expires Jan 31, 2005  SEALL When your name and address, submitted in this application are public, except for the cial security number of any responsible person, which is private.  Authorized Signature of Surety J. Cavanaugh, Ass't Deate My Comm Expires Jan 31, 2005  SEALL When your name and address, submitted in this application are public, except your name and address, submitted in this application are public, except your name and addr     | was you  |  |                                 |                          |   |                             |
| Authorized Signature of Surety). Cavanaugh, Ass't becribed and swom before me  JANICE M. MUNTER  Notary Public  Ary Public  Ary Public  Ary Public  To January  To     | ster Plumber s Signature   |  | 0 /                             | 1.                       | /   | /                           |
| Authorized Signature of Surety). Cavanaugh, Ass't becribed and swom before me  JANICE M. MUNTER  Notary Public  Ary Public  Ary Public  Ary Public  To January  To     | ate of Minnesota   | )  | y (                             | avi                      | anaugh  |                             |
| Notar public Notar     | DUNTY OF   | )  | Authorize                       | d Signati                | ure of Surety/J. Car                            | vanaugh, Ass't.             |
| Any Public  To page       |  |  | Г                               |                          | JANICE M. MUNTI                                 | ER .                        |
| Ary Public commission expires    My Comm Expires Jan 31, 2005 (SEAL)  My Comm Expires     | Janice M. Muenter  | 01,05,2004   |                                 |                          |   |                             |
| commission expires   |  |  |                                 |                          |   | 1                           |
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| you require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD (651)215-0700 for Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700.  TURN: Bond form, certificate of insurance (if sumbitted) and \$40 filing fee to:  Minnesota Department of Health Plumbing Program  121 East Seventh Place, Suite 220  Deposit Date:  |  |  |                                 | <b>ab</b> ia             | liantina era muhlia                             | event for the               |
| for Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)213-0700.  TURN: Bond form, certificate of insurance (if sumbitted) and \$40 filing fee to:  Minnesota Department of Health Plumbing Program  121 East Seventh Place, Suite 220  Deposit Date:   | otice to Corporate Applicants: Under Minno<br>ocial security number of any responsible per | son, which is private.   | i sabiniaca m                   | ans app                  | neadon are public,                              | DASOPI IOI MC               |
| MINNESOTA Department of Health  Plumbing Program  121 East Seventh Place, Suite 220  Deposit Date:   | you require this document in another forms for Greater Minnesota through the Minnes        | at, such as large print, Brail<br>ota Relay Service at (800)6  | e, or cassette<br>27-3529 and a | tape, call<br>ask for (6 | 1 (651)215-0700, TT<br>551)215-0700.            | DD (651)215-070             |
| MINNESOTA Department of Health  Plumbing Program  121 East Seventh Place, Suite 220  Deposit Date:   | ETURN: Bond form, certificate of insurance (if sum)  | bitted) and \$40 filing fee to:  | 0.7                             |                          |   |                             |
| 121 East Seventh Place, Suite 220 Deposit Date:  | Minnesota Departm  | ment of Health 31-1234   | 6 Office                        | Use On                   | ly: Fee: \$40                                   | PCU/2711                    |
| PO Pay 64075   | IN I W W E S G . A Plumbing Program  | / 6/4  | Deposi                          | t Date:                  |   | /                           |
| Deposit No.: FEB !! 9 2004   |  |  |                                 |                          |   |                             |

(651)215-0836

0403874

## 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

|                      |                            | avanaugh  |   |  |  | of   | Sioux  | Falls   |   |  |  |
|----------------------|----------------------------|---|---|--|--|--|--|---|---|--|--|
| Sta                  | le o                       | South   | Dakota  | fet ve e   | , i  | ts regularly   | elected  | Assistan  | nt Secr                                     | etary  |  |
| as                   | Atto                       | rney-in-Fac   | t, with full  | power and  | authority here   | eby confer   | red upon   | him to sign   | , execute,                                  | acknowledge  | and deliver for  |
| and                  | on                         | its behalf a  | s Surety ar   | d as its ac  | and deed, all  | of the follo   | owing cla  | sses of docu  | ments to-                                   | wit:   |  |
| fidel                | ty, p<br>ity b             | oolicies inder  | mnifying emp<br>mnity in all o<br>change or ex                | oloyers agair<br>cases where<br>ktend any bo                 | nst loss or dama<br>indemnity may<br>nd or document      | age caused<br>be lawfully                                      | by the m<br>given; a                             | isconduct of the<br>nd with full po                                       | neir employ<br>ower and a                   | rees; official, bai<br>uthority to execu               | ny court of law or<br>I, and surety and<br>ute consents and<br>and all claims or     |
| - marrier W          | 中部工作                       | estern Surety<br>ny duly adopt                                  | A Manager William   |  |  | owing is a t   | rue and e  | xact copy of S  | Section 7 o                                 | f the by-laws of                                       | Western Surety   |
| offic<br>may<br>corp | orat<br>ers<br>app<br>orat | te name of the as the Board<br>point Attorned<br>te seal is not | he Company<br>d of Directors<br>ys-in-Fact or<br>necessary fo | by the Pres<br>s may author<br>agents who<br>or the validity | sident, Secretar<br>rize. The Presi<br>shall have author | y, any Assi<br>ident, any V<br>ority to issue<br>policies, und | stant Secr<br>vice Preside<br>bonds, partakings, | retary, Treasur<br>dent, Secretary<br>policies, or und<br>, Powers of Att | rer, or any<br>y, any Assi<br>lertakings ir | Vice President,<br>stant Secretary,<br>the name of the | executed in the or by such other or the Treasurer e Company. The fifthe corporation. |
| 20                   | Ser                        | Witness Wh  |   |  | TERN SURE  |  |  |   | nese pres<br>day o                          | ents to be ex  |  |
| ATT                  | ES                         | Т   |   |  |  |  | W  | ESTERI  | NSUR  | ETYCO  | MPANY  |
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|                      |                            |   | 1.0   |  | Assistant Secret   | 2004   | Ву   | 1 am  | 1.  | Buf  | 7  |
|                      |                            |   |   | 1  | ASSISTANT SECIET   | ary  |  |   | Paul  | T. Bruflat, Senio                                      | Vice President   |
|                      |                            |   |   | 1  |  |  |  |   |   |  |  |
|                      |                            | OF SOUTH  |   | ss   |  |  |  |   |   |  |  |
| COL                  | JNT                        | TY OF MINI  | NEHAHA  | )  |  |  |  |   |   |  |  |
|                      | On                         | this 17th   |   | ay of Dec  | ember  | 20   | 03   | hefore me   | a Notan                                     | Public perso   | nally appeared   |
|                      | On                         |   | Paul T. Brut  |  | Children   | and  |  |   | . Vietor                                    | y rubiic, perso  | nally appeared   |
|                      |                            | ing by me   | duly sworn,   | acknowled  | ged that they<br>the said WES                            | signed the   |  |   |   | Senior Vice<br>rledged said in                         | President strument to be   |
|                      |                            | intary act ai   | nd deed of  | said Corpo   | ration.  |  |  |   |   |  |  |
|                      |                            | 400000  | D. KRI  |  | 2000 +   |  |  |   |   |  |  |
|                      |                            |   | NOTARY P  |  | 3  |  |  |   |   |  |  |
|                      |                            | SEAL  | SOUTH D   | ISE  | AL);   |  |  | 11  | 1 1   |  |  |
|                      |                            | + 55555   | , ,, ,, ,, ,, ,, ,, ,,  | 4444   | 5  |  |  | /U  | 14  | rell   | N  |
|                      |                            |   | sion Expires  |  |  |  |  |   |   |  | Notary Public  |