

CAPITOL INDEMNITY CORPORATION

4610 University Avenue, PO Box 5900, Madison WI 53705
Phone (608) 231-4450 Bond Department Fax (608) 231-2029



RIDER

To be attached to and form part of Bond No: LP 762765

Issued to: **Gary R Ford**

In favor of: **State of Minnesota Department of Health**

It is agreed that:

(1) The underwriter gives its consent to the change of the name or principle address of the Insured:

FROM: **Gary R Ford**

TO: **Gary R Ford/Metro Testing**

Provided, however, that the liability of the underwriter under the attached bond as changed by this rider shall not be cumulative.

(2) This rider is effective as of 12:01 am on 31st day of December 2003

Signed, sealed, and dated this 23rd day of January, 2004

CAPITOL INDEMNITY CORPORATION

By: *Mike Torrence*
Mike Torrence, Attorney-In-Fact



CIC-FM-221-BD(1/9)

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