Unlicensed Plumbing Contractor Bond

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

To be completed by your surety company.

	rk Lee Excavating	. The		Bond No	BD648959
70 ompany Addre al, and	7 Van Dyke Rd ss Nationwide Mutual	Alexandria	MN State	56308 Zip	320 763-4702 Telephone No.
5th Av	e company Name	Des Moines	IA	50304	(866) 387-0457
EREFORE, inder the Pr Rules, Char	the condition of this obli incipal's supervision perfi puer 4715, then this oblight	City te of Minnesota, as Surety, are NTY FIVE THOUSAND DOI successors, and assigns firmly gation is such that, if the under forms plumbing in compliance ation shall be null and void; off 31st. The period of this bond of this obligation the Principal	by these pre signed Print with the plus nerwise, it sh	sipal or such p nbing code as	payment of which, we bind persons authorized to perform required pursuant to full force and effect for a
A. 2002	. During the torm	31st. The period of this bond of this obligation, the Principal orrect noncomplying plumbing injured or suffering financial	augus		NZ.

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 of prosents 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 2nd day of August

2002

Mark Lee Excavating, Inc. Print - Plumbing Contractor Name

Surety Corporation Nationwide Mutual Insurance Co.

Signature

Principal Mark Lee, President

By Attorney in Fact Julie Lenarz

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 return nonpayment will be charged a \$20 fee (M.S. 332.50, Subd 2) 20



Minnesota Department of Health 121 East Seventh Place, Suite 220 NO 34 SECENVED RECEIVED office Use Only: Fee P.O. Box 64975 Deposit Date AUG St. Paul, MN 55164-0975 651/215-0836 eposit No. Minnesota Relay Service (Greater MNN) 1/800/627-3529 Minnesota Relay Service (Metro): 297-5353

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P. 05 2r1 22 2002 12:20 Fax:651-215-0852

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D

7/2002

You must complete A or B and C

A. Acknowledgement of Individual or Partnership Contractor

State of Minnesota

On this _____ day of ______

personally came

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.

		(SEAL)
Notary Public	Date	
My commission expires		
Date		

B. Acknowledgement of Corporate Contractor

State of Winnesota County of <u>Douglas</u>	jss				
On this 2nd day of	August	,2002, persona	in same Mark Lee		who
being by me duly sworn, did s	ey that nershe is	President	of <u>Mark Lee</u> vas executed in benalf of t		
Aulielle My commission expires	he she asi nowledge ndrsf8/ 131/05	d said instrument to be the fr	JU	DOITATION LIE A. LENARZ Y PUBLIC - MINNESOTA ission Expires Jan. 31, 20	-

C. Acknowledgement of Corporate Surety

State of Minnesota County of Douglas

On this 200		ter.	August		, 2002, person	nally came	Julie A.	. Lenarz	anc.
		1		w m	ne personalh inc	who bein	ag by me duly	sworn, dic say t	hat he/she is the
ALOTHEY	in fact.	of N	lationwide Mu	ual Insu	grance Co.	, the corp	oration whose	name is affixed	to the foregoing
			and an the for	aning instrum	nent is the cornor	rere seal of th	e said corporat	tion: and that sat	d instrument
was exe	cuted in	beh	if of said corporatio	by authority	of its board of di	irectors and s	aid JULIE	A. Lenarz	_ acknowledged
inche/s	me exec	aned	sand insorument as at	orney in fact :	as the free act an	d deed of said	d corporation.		

VIV	10000 managements
	02 MYRON O. LARSON
My complission expires 1-31-05	NOTARY PUBLIC - MINNESOTA My Coramission Expires Jan. 31, 2005
Qate	Contraction and and strain str

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

KNOW ALL MEN BY THESE PRESENTS THAT Nationwide Mutual Insurance Company, a corporation organized under the laws of the State of Ohio, with its principal office in the City of Columbus, Ohio, hereinafter called "Company", does hereby make, constitute and appoint MYRON O. LARSON TRACEY L. KRUEGER

ALEXANDRIA MN

each in their individual capacity, its true and lawful Attorney-In-Fact with full power and authority to sign, seal, and execute in its behalf any and all bonds and undertakings and other obligatory instruments of similar nature in penalties not exceeding the sum of ONE MILLION AND NO/100 DOLLARS \$ 1,000,000.00

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority hereby given are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company.

"RESOLVED, that the President, or any Senior Vice President, Resident Vice President or Second Vice President by, and the same hereby is, authorized and empowered to appoint Attorneys-In-Fact of the Company and to authorized them to execute any and all bonds, undertakings, recognizances, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature which the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority. The authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such Attorneys-In-Fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company, subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto, provided, however, that said seal shall not be necessary for the validity of any such documents."

This Power of Attorney is signed and sealed by facsimile under and by the following By-Laws duly adopted by the Board of Directors of the Company.

ARTICLE VIII

"Section 10. <u>Execution of instruments</u>. Any Vice President and any Assistant Secretary or Assistant Treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts or other papers in connection with the operation of the business of the company in addition to the Chairman and Chief Executive Officer, President, Treasurer and Secretary; provided, however, the signature of any of them may be printed, engraved or stamped on any approved document, contract, instrument or other papers of the Company.

IN WITNESS WHEREOF, the said Nationwide Mutual Insurance Company has caused this instrument to be sealed and duly attested by the signature of its Vice President the 28th day of April, 1999.

ACKNOWLEDGMENT

STATE OF IOWA COUNTY OF POLK SS SEAL S Ouneus State

Bv: Vice President

On this 28th day of April, 1999, before me came the above named Vice President for Nationwide Mutual Insurance Company, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed thereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



Sandy alet

Notary Public My Commission expires March 24, 2002

CERTIFICATE

I, John F. Delaloye, Assistant Secretary of Nationwide Mutual Insurance Company, do hereby certify that the Resolution included herein is a true and correct transcript from the minutes of the meeting of the Board of Directors duly called and held on the 6th day of September, 1967, and the same has not been revoked or amended in any manner; that said Stephen S. Rasmussen was on the date of the execution of the foregoing Power of Attorney the duly elected Vice President of Nationwide Mutual Insurance Company and the corporate seal and his signature as Vice President were duly affixed and subscribed to the said instrument by the authority of said Board of Directors.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 2nd day of August, 2002.

03665

This Power of Attorney expires 07/31/04



John Kellely

Assistant Secretary

Bd 1 (04-00) 00