

Unlicensed Plumbing Contractor Continuation Bond

(To be completed by your surety company.)

The \$40 filing fee must be submitted with this bond form, payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 604.113, subd. 2).

Plumbing Contractor's Name Robert D. Kost Bond No. 6211260-0000
Type or Print (Individual's name, do not enter the plumbing company name.)

Address 4431 3rd Street South Moorhead, MN 56560
Street City State Zip Phone No (218) 233-8732

Company Name Dakota Water Systems, Inc.
Type or Print. Must be the same as filed the previous year.

Address 4431 3rd Street South Moorhead, MN 56560
Street (Must be the same as filed the previous year.) City State Zip Phone No. (218) 233-8732

Date Original Bond Issued 03 / 25 / 2003 in the amount of \$25,000 as required by statute.

Surety Company Name American States Insurance Company
Type or Print

Address PO Box 34526 Seattle WA 98124-1526
Street City State Zip Phone No. (800) 262-7054

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.

Dated this 20 day of 2004.

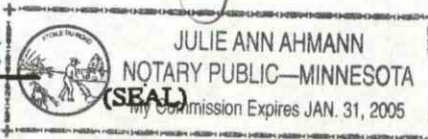
[Signature]
 Plumbing Contractor's Signature

American States Insurance Company
 Surety Company Name

State of Minnesota)
 County of Clay)
 Subscribed and sworn before me

[Signature]
 Authorized Signature of Surety

[Signature] 1, 22, 04
 Notary Public Date
 My commission expires Jan 13, 2005



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.

If you require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD (651)215-0700 or for Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700.

RETURN: Bond form and \$40 filing fee to:



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

Office Use Only: Fee: \$40 / Ch/1029
 Deposit Date: JAN 27 2004
 Deposit No.: - 135

0403976



POWER
OF ATTORNEY

AMERICAN STATES INSURANCE COMPANY
INDIANAPOLIS, INDIANA 46206

No. 12627

KNOW ALL BY THESE PRESENTS:

That AMERICAN STATES INSURANCE COMPANY, a Indiana corporation, does hereby appoint

*****GINGER MILLER; Moorhead, Minnesota*****

its true and lawful attorney(s)-in-fact, with full authority to execute on behalf of the company fidelity and surety bonds or undertakings and other documents of a similar character issued by the company in the course of its business, and to bind AMERICAN STATES INSURANCE COMPANY thereby as fully as if such instruments had been duly executed by its regularly elected officers at its home office, in amounts or penalties not exceeding the sum of:

One Hundred Thousand and 00/100 -----
DOLLARS (\$ 100,000.00)

IN WITNESS WHEREOF, AMERICAN STATES INSURANCE COMPANY has executed and attested these presents

this 21st day of June, 2001

R.A. Pierson
R.A. PIERSON, SECRETARY

Mike McGavick
MIKE MCGAVICK, PRESIDENT

CERTIFICATE

Extract from the By-Laws of AMERICAN STATES INSURANCE COMPANY:

"Article 8, Section 8.1 1. - FIDELITY AND SURETY BONDS . . . the President, any Vice President, the Secretary, and any Assistant Vice President appointed for that purpose by the officer in charge of surety operations, shall each have authority to appoint individuals as attorneys-in-fact or under other appropriate titles with authority to execute on behalf of the corporation fidelity and surety bonds and other documents of similar character issued by the corporation in the course of its business . . . On any instrument making or evidencing such appointment, the signatures may be affixed by facsimile. On any instrument conferring such authority or on any bond or undertaking of the corporation, the seal, or a facsimile thereof, may be impressed or affixed or in any other manner reproduced; provided, however, that the seal shall not be necessary to the validity of any such instrument or undertaking."

I, R. A. Pierson, Secretary of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the foregoing extracts of the By-Laws of this corporation, and of a Power of Attorney issued pursuant thereto, are true and correct, and that both the By-Laws and the Power of Attorney are still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the facsimile seal of said corporation

this 1 day of 19 2004



R.A. Pierson
R.A. PIERSON, SECRETARY