

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.

Master Plumber Name LEROY TSCHIDA Bond No. 9330578
Address 1036 FRONT ST ST PAUL MN 55103-1224 (651) 488-2596
Street City State Zip Phone No.

Plumbing Company Name TSCHIDA BROTHERS PLUMBING INC
Type or Print. Must be the same as filed the previous year.
Address 1036 FRONT ST ST PAUL MN 55103-1224 (651) 488-2596
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 12 / 31 / 1999 in the amount of \$25,000 as required by statutes.

Surety Company Name FEDERATED MUTUAL INSURANCE COMPANY
Type or Print
Address 121 E PARK SQUARE OWATONNA MN 55060 (507) 455-5200
Street City State Zip Phone No.

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 10TH day of OCTOBER, 2003

Master Plumber's Signature

FEDERATED MUTUAL INSURANCE COMPANY

Surety Company Name

State of Minnesota

COUNTY OF Ramsey

Subscribed and sworn before me

JOYCE K. KOTILNEK
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES
JANUARY 31, 2005

Authorized Signature of Surety

LISA ROUSHAR ATTORNEY-IN-FACT

Notary Public

My commission expires

Date

(SEAL)

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)215-0707 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 submitted) 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
(651)215-0836

Office use only: Fee: 40.00 CCK/25001

Deposit Date: NOV 04 2003

Deposit No.: 082

0401550

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That FEDERATED MUTUAL INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of Minnesota, and having its principal office in the City of Owatonna, State of Minnesota, does hereby constitute and appoint:

LISA ROUSHAR of the City of OWATONNA State
of MINNESOTA its true and lawful attorney for the following purposes:

To sign its name as surety to, and to execute, affix the seal, acknowledge and deliver any and all surety bonds and penalties not exceeding:

ONE HUNDRED THOUSAND DOLLARS (\$100,000) EACH

LEROY TSCHIDA

TSCHIDA BROTHERS PLUMBING INC

ST PAUL MN

The execution of such bonds or undertakings in pursuance of these presents shall be binding upon the Company as if they had been executed and acknowledged by the regularly elected officers of the Company.

This Power of Attorney granted by Federated Mutual Insurance Company shall terminate when the designee ceases to be:

- 1) Employed by Federated Mutual Insurance Company or
- 2) Employed by Federated Mutual Insurance Company in a job for which such Power of Attorney is required.

IN WITNESS WHEREOF, the said FEDERATED MUTUAL INSURANCE COMPANY has caused this instrument to be signed and its corporate seal to be affixed by its Executive Vice President and Assistant Secretary this the 22ND day of JUNE, 2000.

FEDERATED MUTUAL INSURANCE COMPANY

BY

[Signature]
Executive Vice President

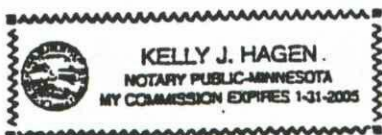
and BY

[Signature]
Assistant Secretary

(SEAL)

STATE OF MINNESOTA
COUNTY OF STEELE

On this 22ND day of JUNE, 2000 personally appeared before me, the undersigned notary public, Sarah L Buxton and David W Ramsey to me personally known, who, each being duly sworn by me, did say that they are respectively the Executive Vice President and Assistant Secretary of the FEDERATED MUTUAL INSURANCE COMPANY and that the seal affixed to this instrument is the corporate seal of said Corporation and that this instrument was signed and sealed of behalf of said Corporation by authority of its Board of Directors and said Sarah L Buxton and David W Ramsey acknowledge said instrument to be the free act and deed of said corporation.



(SEAL)

Kelly J. Hagen

COPY OF RESOLUTION

"BE IT RESOLVED that the President or any Vice President in conjunction with the Secretary is hereby authorized and empowered under the corporate seal of the Company, to appoint any person or persons as attorney or attorneys-in-fact, or agent or agents of the Company, in its name and as its act to execute and deliver, anywhere in the United States or Canada, any and all bonds and undertakings of suretyship and other documents that the ordinary course of surety business may require."

"BE IT FURTHER RESOLVED that the Power of Attorney or other document appointing such person or persons as attorney or attorneys-in-fact or agent or agents of the Company may either be personally signed by the President, any Vice President, the Secretary or may be executed by said officers by means of facsimile signatures. The said personal signatures or facsimile signatures shall not require the Company seal or any other seal and shall be valid and binding on the company if executed either by personal signature or facsimile signature and with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am an Executive Vice President of the FEDERATED MUTUAL INSURANCE COMPANY, a Corporation duly organized and existing under the laws of the State of Minnesota and that the foregoing is a true and complete copy of the original Power of Attorney given by said Company to:

LISA ROUSHAR

of OWATONNA, MINNESOTA

authorizing and empowering such person to sign bonds as therein set forth, which Power of Attorney has never been revoked and is still in full force and effect.

I further certify that said Power of Attorney was given in pursuance of a resolution adopted at a regular meeting of the Board of Directors of said Company duly called and held at the office of the Company in the City of Owatonna, Minnesota on the 20th day of April 19 82 at which meeting a quorum was present and that the foregoing is a true and correct copy of said resolution, and the whole thereof as recorded in the minutes of the said meeting.

PURSUANT to the By-Laws of Federated Mutual Insurance Company, Article 3, Section 1; in the absence of inability of the Secretary to act, his duties shall be performed by the Assistant Secretaries in the order of their rank.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the FEDERATED MUTUAL INSURANCE COMPANY this the 10TH day of OCTOBER, 2003.

FEDERATED MUTUAL INSURANCE COMPANY

(SEAL)


Executive Vice President