

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 Kenneth R. Mosloski Bond No. 785775
Type or Print (do not enter the plumbing company name)

Address _____
Street City State Zip Phone No.

Plumbing Company Name Northland Mechanical Contractors, Inc.
Type or Print. Must be the same as filed the previous year.

Address 2900 Nevada Avenue North, New Hope MN 55427
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 12 / 31 / 99 in the amount of \$25,000 as required by statutes.

Surety Company Name Universal Surety Company
Type or Print

Address P.O. Box 80468 Lincoln NE 68501 (402) 435-4302
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, 2002.

Dated this 28th day of September, 2001.

[Signature]
Master Plumber's Signature

UNIVERSAL SURETY COMPANY

Surety Company Name

[Signature]
Authorized Signature of Surety
Jeanne Bower, Assistant Vice President

State of Minnesota)
COUNTY OF Henn.)
Subscribed and sworn before me

Jay K. Lemke
Notary Public
My commission expires 1 / 31 / 2005
NOTARY PUBLIC - MINNESOTA
My Commission Expires 1-31-2005

(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/058747
Deposit Date: OCT 31 2001
Deposit No.: 061

0103776

9/3/2000

Lincoln, Nebraska