



Merchants Bonding Company

2100 FLEUR DRIVE • DES MOINES, IOWA 50321-1158



NOTICE OF CANCELLATION

CERTIFIED MAIL _____ Date NOVEMBER 24, 2003

CERTIFIED RETURN RECEIPT REQUESTED XX

MINNESOTA DEPT OF HEALTH
PLUMBING PROGRAM
121 EAST SEVENTH PLACE STE 220
PO BOX 64975
ST PAUL, MN 55164-0975

RE: Bond No. MN 18368 RE: License No. (if any) _____
 Principal TERRY OVERACKER DBA _____
PLUMBING
 Address FREDLEY Type MASTER Amount 25,000
PLUMBER

The purpose of this letter is to cancel our liability under the above bond. Such cancellation to be effective as stated in paragraph(s) #1 below.

1. 12-31-03
2. _____ days after receipt of this notice, per terms of the bond.
3. Earliest possible date permitted under the terms of the bond, and/or statutes covering this bond.
4. Fidelity or Public Official - Name(s) _____
 Position(s) _____ Cancellation to take effect _____
 without prejudice to the rights of the undersigned as respect to anything that may have occurred during the period that the bond remained in force but shall release the company from any and all liability for anything occurring subsequent to the date as specified.

If the above bond guarantees payment of taxes, please advise us if there are any unpaid taxes which are delinquent.

Please acknowledge receipt of this letter on the enclosed copy as indicated below.

Very truly yours,

Larry Taylor
 President
 LT/KC

cc: THE INSURANCE MART

Received by Linda Leguiz
 Date received Dec. 1, 2003

cc: _____
 Title Customer Service Specialist Sr.
 Date of bond cancellation Dec. 31, 2003

