## 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.

Plumbing Program

P.O. Box 64975

(651)215-0836

St. Paul, MN 55164-0975

121 East Seventh Place, Suite 220

Master Plumber Name	Marty Hanso	n ·				Bond No.	59559627	
Ty	pe or Print (do not enter th		npany name)		4.1		The state of the s	A
Address		a de la companya de l		The same		( )	-020-	
Street			City	State	Zip	Phone No.	66 05 001	3
Plumbing Company Nam	Pelican Plu	mbing				/0	4	100
lumbing Company Nam	Type or Print. Must be	the same as file	d the previous year.	8 1 1	114	/~	DER ORGA	C
4	1750 Bagley Bay	, Pelicar	Rapids, MN	56572			DEG 2003	
Address						( ) (	(MA) SECHETAE	214
Street (Must be the s	arme as filed the previous y	ear.)	City	State	Zip	Phone No.	OF STATE	20
Date Original Bond Issue	od 07 / 24	/ 03	in the amou	nt of \$25,	000 as r	equired by sta	nutes. 92 v2 v2	
Surety Company Name	WESTER Type or Print	N SURETY	COMPANY			Market .		
		Odana Dal	11- CD E710	6703		(605)	336-0850	
Address 101 S.	Phillips Ave.,	Sloux Fal	City	State	Zip	Phone No.		
Street			City	-	map			
Math				WESTER	N SURE	ETY COMPAN	Y	
Master Plumber's Signature	600000			enery Compa	ny Name			
	ON THE		AN D. ERICKSON	18 1	200	"""	61	
State of Minnesota	A Company	Mal MOTADI	A DUDLIC MINNESOTA	18 C	wa	Range		
COUNTY OF	ER SIAS ( )	My Commis	ssion Expires Jan. 31, 200	Authorized	Signati	ure of Surety	J. Cavanaugh,	Ass't.
Subscribed and sworn be	efore me			eey				
1.00 6	- Luchana	10121	103					
Notary Public	mu.	Date						
My commission expires	11311	03		80202 C	SEAL)		Type	
Notice to Individual App	licente Under Minne	coto Statutes	13.41 all data ex	cent your	name an	d address, sub	writted in this	
application are considered	oncants. Under Minne	e issued a cre	dential. When yo	u become	credenti	aled, all data	in this applicatio	n
become public, except y	our social security nu	nber.		4 On				
	ALTONOMIC STREET			100				
Notice to Corporate App	olicants: Under Minne	sota Statutes	13.41, all data sub	mitted in	this app	lication are pu	blic, except for t	he
social security number of	f any responsible pers	on, which is	private.					
If you require this docur	nent in another forma	, such as larg	ge print, Braille, or	cassette t	ape, call	(651)215-07	00, TDD (651)21	15-070
or for Greater Minnesot	a through the Minneso	ta Relay Sen	vice at (800)627-3	529 and a	sk for (6	51)215-0700.		
RETURN: Bond form, certif	icate of insurance (if sumbi	tted) and \$40 fil	ling fee to:	W-				
MINNESOT	Minnesota Departm	ent of Health	Walter Land	Office I	Jse On	lv: Fee: 40	.00 CCK/	440
1 100 1 10 10 1 2 0 1	A Plumbing Program					-		

Deposit Date:

Deposit No .:\_

0402381 9,7000

## Western Surety Company

## **POWER OF ATTORNEY**

## KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

J. Cavanaugh	of Sloux Falls	
State of South Dakota	, its regularly elected Assistant Secretary	
	uthority hereby conferred upon him to sign, execute, acknowled deed, all of the following classes of documents to-wit:	edge and deliver for
equity, policies indemnifying employers against fidelity bonds. Indemnity in all cases where in	ay be desired by contract, or may be given in any action or proceeding loss or damage caused by the misconduct of their employees; official demnity may be lawfully given; and with full power and authority to or document executed for this Company, and to compromise and settly.	al, bail, and surety and execute consents and
Western Surety Company further certifies Company duly adopted and now in force, to-wit:	that the following is a true and exact copy of Section 7 of the by-la	ws of Western Surety
corporate name of the Company by the Presid officers as the Board of Directors may authoriz may appoint Attorneys-in-Fact or agents who sh	ngs, Powers of Attorney, or other obligations of the corporation sha ent, Secretary, any Assistant Secretary, Treasurer, or any Vice Presi e. The President, any Vice President, Secretary, any Assistant Secre all have authority to issue bonds, policies, or undertakings in the name f any bonds, policies, undertakings, Powers of Attorney or other obligate rate seal may be printed by facsimile.	dent, or by such other etary, or the Treasurer of the Company. The
	ERN SURETY COMPANY has caused these presents to be the the corporate seal affixed this	SAN TO THE OWNER OF THE PERSON
attest a. Vieron	WESTERNSURETY	COMPANY
Ass	sistant Secretary  By  Paul T. Bruflat,	enior Vice President
STATE OF SOUTH DAKOTA ss		
On this 15th day of Octob	, 2003 , before me, a Notary Public, p	personally appeared
	e said WESTERN SURETY COMPANY, and acknowledged saion.	e
My Commission Expires November 30,	2006	Notary Public