

Unlicensed Plumber Contractor Continuation Bond

(To be completed by your Surety Company.)

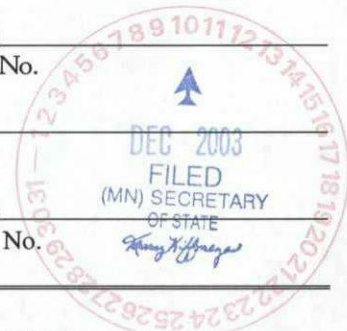
The \$40 filing fee must be submitted with this bond, made payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2.)

Plumbing Contractor's Name Jerome Kockelman Bond No. 12 77 16
Type or Print (do not enter the plumbing company name)

Address 234 1st Ave NW Hutchinson MN 55350 ()
Street City State Zip Phone No.

Company Name Jerry's Home Repair
Type or Print. Must be the same as filed the previous year.

Address 234 1st Ave NW Hutchinson MN 55350 ()
Street (Must be the same as filed the previous year.) City State Zip Phone No.



Date Original Bond Issued 4 / 22 / 2002 in the amount of \$25,000 as required by statutes.

Surety Company Name UNION INSURANCE COMPANY
Type or Print

Address PO Box 80439 Lincoln NE 68501 (402) 421-4399
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 5th day of November, 2003.

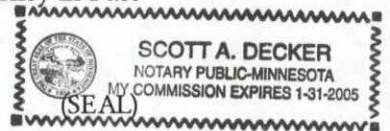
Jerome Kockelman
Plumbing Contractor's Signature

UNION INSURANCE COMPANY
Surety Company Name

State of Minnesota)
COUNTY OF MeLeod)
Subscribed and sworn before me

M.F. Loeb
Authorized Signature of Surety Attorney-in-Fact

[Signature] 12 / 1 / 2003
Notary Public Date
My commission expires 1 / 31 / 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 (65 I)215-0707 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 2003
P.O. Box 64975
St. Paul, MN 55164-0975
(651)215-0836



Office Use Only: Fee: \$40/col/2338
Deposit Date: DEC 05 2003
Deposit No.: 101

0402399 8/2000

**POWER OF ATTORNEY
UNION INSURANCE COMPANY
Lincoln, Nebraska**

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS: that the UNION INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Lincoln, Nebraska does hereby make, constitute and appoint

M.F. Loeb or N.J. McMeen of Lincoln, NE

its true and lawful Attorney-in-Fact, with the power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf, as surety any and all bonds, recognizances, stipulations and undertakings, excluding, however, any bonds or undertakings guaranteeing payment of loans, notes or the interest thereon and the execution of such bonds or undertakings, in pursuance of these presents, shall be as binding upon the said corporation, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the said corporation at its office in Lincoln, Nebraska, in their own proper persons.

The UNION INSURANCE COMPANY represents that the execution of this Power-of-Attorney and the granting of the power herein to said Attorney-in-Fact are authorized by its by-laws.

This instrument is signed and sealed by facsimile as authorized by the following Resolution adopted by the directors of the Company on November 5, 1990:

"RESOLVED, that the signature of any officer of the company authorized to appoint Attorneys in Fact, as provided by its By-Laws, certifying to the correctness of any copy of a Power of Attorney and the seal of the company, may be affixed by facsimile to any Power of Attorney or copy thereof issued on behalf of the company. Such signatures and seal are hereby adopted by the company as original signatures and seal, to be valid and binding upon the company with the same force and effect as though manually affixed."

In Witness Whereof, UNION INSURANCE COMPANY has caused its corporate seal to be hereunto affixed and these presents to be duly executed by its Vice President this 12th day of November, 2002.

UNION INSURANCE COMPANY



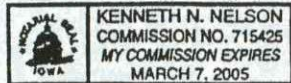
By: Walter E. Stradley, Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE BACKGROUND WITH RED AND BLUE BORDER.

STATE OF IOWA)
POLK COUNTY) SS

On this day, before the undersigned, a Notary Public in and for said County and State, personally came the above named officer of the UNION INSURANCE COMPANY, to me personally known to be the individual and officer who executed the preceding instrument, and they acknowledged the execution of said instrument to be the voluntary act and deed of the UNION INSURANCE COMPANY and his voluntary act and deed as an officer of said corporation, and that the seal of said corporation was affixed to said instrument by the authority and direction of said corporation.

Witness my hand and my Notarial Seal at Des Moines, Polk County, Iowa, the day and year last written above.



Notary Public

CERTIFICATE

I, the undersigned, Vice President of UNION INSURANCE COMPANY do hereby certify that the original Power of Attorney, of which the foregoing is full, true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Vice President, and affixed the corporate seal of the corporation this 5th day of November, 2002.



Vice President