

# 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 Joseph P Sherman Bond No. 3977287  
Type or Print (do not enter the plumbing company name)

Address 825 Springbrook Dr. Winona MN 55987 (507) 452-2839  
Street City State Zip Phone No.

Plumbing Company Name All Trades Service, LLC  
Type or Print. Must be the same as filed the previous year.

Address 74 Kansas Street Winona MN 55987 (507) 454-2220  
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 Great American Insurance Company  
Type or Print

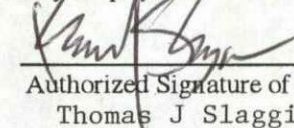
Address 580 Walnut Street Cincinnati OH 45202 (800) 525-2620  
Street City State Zip Phone No.

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 18th day of December, 2003.

  
Master Plumber's Signature

GREAT AMERICAN INSURANCE COMPANY  
Surety Company Name

  
Authorized Signature of Surety  
Thomas J Slaggie, Attorney-in-Fact

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

12 / 18 / 2003

Notary Public \_\_\_\_\_ Date \_\_\_\_\_  
My commission expires 01 / 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.

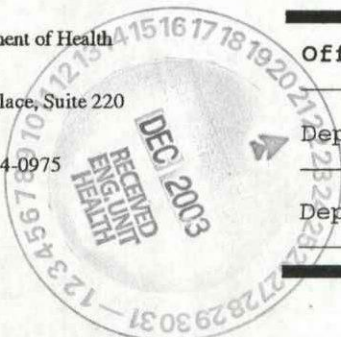
Notice to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except for the social security number of any responsible person, which is private.

If you require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD (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/CCW/13e9

Deposit Date: DEC 23 2003

Deposit No.: - 113

0402889



ACKNOWLEDGMENT OF PRINCIPAL (Individual)

STATE OF \_\_\_\_\_
COUNTY OF \_\_\_\_\_ } ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally come(s) \_\_\_\_\_, to me known and known to me to be the person(s) who (is) (are) described in and who executed the foregoing instrument and acknowledge(s) to me that \_\_\_\_\_ he \_\_\_\_\_ executed the same.

NOTARY PUBLIC

ACKNOWLEDGMENT OF PRINCIPAL (Partnership)

STATE OF \_\_\_\_\_
COUNTY OF \_\_\_\_\_ } ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally come(s) \_\_\_\_\_, a member of the co-partnership of \_\_\_\_\_, to me known and known to me to be the person who is described in and who executed the foregoing instrument, and acknowledges to me that he executed the same as and for the act and deed of the said co-partnership.

NOTARY PUBLIC

ACKNOWLEDGMENT OF PRINCIPAL (Corporation)

STATE OF Minnesota
COUNTY OF Winona } ss.:

On this 18th day of December, in the year 2003, before me personally come(s) Joseph P Sherman, to me known, who, being by me duly sworn, deposes and says that he resides in the City of Winona that he is the President of the All Trades Service LLC the corporation described in and which executed the foregoing instrument; that he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.



KATHERINE M. HOVELL
NOTARY PUBLIC-MINNESOTA
My Commission Expires Jan. 31, 2005

[Handwritten signature of Katherine M. Howell]
NOTARY PUBLIC

ACKNOWLEDGMENT OF SURETY

STATE OF Minnesota
COUNTY OF Winona } ss.:

On this 18th day of December, in the year 2003, before me personally come(s) Thomas J Slaggie Attorney(s)-in-Fact of Great American Insurance Company with whom I am personally acquainted, and who, being by me duly sworn, says that he reside(s) in Winona MN that he is (are) the Attorney(s)-in-Fact of Great American Insurance Company, the company described in and which executed the within instrument; that he know(s) the corporate seal of such Company; and that the seal affixed to the within instrument is such corporate seal and that it was affixed by order of the Board of Directors of said Company, and that he signed said instrument as Attorney(s)-in-Fact of the said Company by like order.



KATHERINE M. HOVELL
NOTARY PUBLIC-MINNESOTA
My Commission Expires Jan. 31, 2005

[Handwritten signature of Katherine M. Howell]
NOTARY PUBLIC

**GREAT AMERICAN INSURANCE COMPANY®**

**Administrative Office: 580 WALNUT STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740**

The number of persons authorized by this power of attorney is not more than THREE

No. 016028

**POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute in behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
THOMAS J. SLAGGIE	ALL OF	ALL
KATHERINE M. HOVELL	WINONA, MINNESOTA	UNLIMITED
MARLENE N. ROBINSON		

This Power of Attorney revokes all previous powers issued in behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 7TH day of MARCH, 2003  
Attest  
GREAT AMERICAN INSURANCE COMPANY



*[Handwritten Signature]*

Assistant Secretary

*[Handwritten Signature]*

Divisional Senior Vice President

DOUGLAS R. BOWEN (513-369-3811)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 7TH day of MARCH, 2003

, before me personally appeared DOUGLAS R. BOWEN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is the Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



**MAUREEN DOUGHERTY**  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES 08-12-06

*[Handwritten Signature: Maureen Dougherty]*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated March 1, 1993.

**RESOLVED:** That the Division President, the several Division Vice Presidents and Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract or suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

**CERTIFICATION**

I, RONALD C. HAYES, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of March 1, 1993 have not been revoked and are now in full force and effect.

Signed and sealed this 18th day of December, 2003



*[Handwritten Signature]*

Assistant Secretary