## Aaster 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. 9330712 ROBERT KADUCE Bond No. Master Plumber Name (507) 893-4456 56098 ROBERT KADUCE DBA KADUCE PLUMBING & HEATING Plumbing Company Name Type or Print. Must be the same as filed the previous year. 893-4456 507 56098 PO BOX 428 WINNEBAGO MN 6 N MAIN ST Phone No. State City Street (Must be the same as filed the previous year.) 28 2000 in the amount of \$25,000 as required by statutes. Date Original Bond Issued Surety Company Name FEDERATED Type or Print 121 E PARK SQUARE 55060 Address Phone No. State Zip City Street 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, 2003 2002 1ST day of OCTOBER Dated this FEDERATED MUTUAL INSURANCE COMP Company Name OF STATE State of Minnesota Authorized Signature of Surety LISA ROUSHAR COUNTY OF Subscribed and sworn before me JANIS G. KADUCE NOTARY PUBLIC-MINNESOTA My Commission Expires Jan. 31, 2005 Notary Public My commission expires 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)2 Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700. RETURN: Bond form, certificate of insurance (if sumbitted) and \$40 filing fee to: Office use only: Fee: Minnesota Department of Health O 8

DEPARTMENT OF HEALTH

Plumbing Program 121 East Seventh Place, Suite 220 P.O. Box 64975 St Paul, MN 55164-0975 (651)215-0836

NOA Deposit Date: Deposit No.:

0301635



## KNOW ALL MEN BY THESE PRESENTS:

	eby constitute and ap	17.50.4	its principal office in		
LISA ROUS	HAR	of the City of	f OWATONNA		State
of MINNESOT	A	its true ar	d lawful attorney for the	e following purpose	es:
To sign its r bonds and penalties r	name as surety to, a not exceeding:	nd to execute, at	Tix the seal, acknowled	ge and deliver any	and all surery
ONE HUNDR	ED THOUSAND DOLL	ARS (\$100,000	) EACH		-
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Kelly J. Hagen.

NOTARY PUBLIC-MINNESOTA COMMISSION EXPIRES 1-31-2005

(SEAL)

## COPY OF RESOLUTION

"BE IT RESOLVED that the President or any Vice President in conjunction with the Secretary is hereby authorized and empowered under the corporate seal of the Company, to appoint any person or persons as attorney or attorneys-in-fact, or agent or agents of the Company, in its name and as its act to execute and deliver, anywhere in the United States or Canada, any and all bonds and undertakings of suretyship and other documents that the ordinary course of surety business may require."

"BE IT FURTHER RESOLVED that the Power of Attorney or other document appointing such person or persons as attorney or attorneys-in-fact or agent or agents of the Company may either be personally signed by the President, any Vice President, the Secretary or may be executed by said officers by means of facsimile signatures. The said personal signatures or facsimile signatures shall not require the Company seal or any other seal and shall be valid and binding on the company if executed either by personal signature or facsimile signature and with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am an Executive Vice President of the FEDERATED MUTUAL INSURANCE COMPANY, a Corporation duly organized and existing under the laws of the State of Minnesota and that the foregoing is a true and complete copy of the original Power of Attorney given by said Company to:

	LISA ROUSHAR	of	OWATONNA, MINN	ESOTA	
autho been	orizing and empowering such person revoked and is still in full force and	on to sign bonds a	is therein set forth, w	which Power of A	ttorney has never
Owai is a to	I further certify that said Powering of the Board of Directors of said tonna, Minnesota on the 20th day of the and correct copy of said resolution.  PURSUANT to the By-Laws of ability of the Secretary to act, his of	d Company duly of April, 19 82 at who on, and the whole Federated Mutual	alled and held at the coich meeting a quorum thereof as recorded in Insurance Company,	office of the Comp was present and the minutes of the Article 8, Section	pany in the City of that the foregoing the said meeting.
MUT	IN TESTIMONY WHEREOF, TUAL INSURANCE COMPANY &	I have hereunto suis the1ST	et my hand and affi day of	xed the seal of t OCTOBER	he FEDERATED , 2002 .
		FI	EDERATED MUTUA	L INSURANCE	COMPANY

(SEAL)

Executive Vice President

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FEDERATED MUTUAL INSURANCE COMPANY

(SEAL)

Executive Vice President