

MASTER PLUMBER CONTINUATION BOND
TO BE COMPLETED BY YOUR SURETY COMPANY

The attached Certificate of Insurance and \$40 filing fee must be submitted with this bond.

Name of Master Plumber SULLIVAN, ROBERT ✓ Bond No. 93-BZ-1583-7F
Type or Print
Address 9925 OAK AVENUE COLOGNE MN. 55322
Street City State Zip
Phone (612) 442-2618

Name of Plumbing Company BOB SULLIVAN PLUMBING ✓
Type or Print. Must be the same on the certificate of insurance.
Address 9925 OAK AVENUE COLOGNE MN. 55322
Street City State Zip
Must be the same on the certificate of insurance.
Phone (612) 442-2618

Date Original Bond Issued 12 / 06 / 94 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978).

Name of Surety Company STATE FARM FIRE AND CASUALTY COMPANY BONDING DEPARTMENT
Type or Print
Address 112 EAST WASHINGTON STREET BLOOMINGTON IL 61701-1001
Street City State Zip
Phone (800) 251-2663

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 31st, 1998.

Dated this 9 day of Dec, 1997.



STATE FARM FIRE AND CASUALTY COMPANY
Name of Surety Company

x Robert M. Sullivan
Master Plumber Signature



[Signature]
Authorized Signature of Surety

9704203

RETURN: Bond form, certificate of insurance and \$40.00 filing fee (payable to Minnesota Department of Health) to: Minnesota Department of Health, Plumbing Program, 121 East Seventh Place, Suite 220, P.O. Box 64975, St. Paul, MN 55164-0975. Phone: (612)215-0836.

OFFICE USE ONLY	Fee <u>\$40. PCK 1745</u>	Dep. No. <u>108</u>
WC <input checked="" type="checkbox"/> PHCC <input type="checkbox"/>	Lic. No. <u>PM00 4357</u>	Renew <u>12/11/97</u>

DEC 11 1997