

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 Jack Workman ✓ Bond No. 720 40 50 ✓
Type or Print

Address Hwy 218 S Austin MN 55912
Street City State Zip

Phone (507) 437-1925

Name of Plumbing Company Jax Plumbing ✓
Type or Print. Must be the same on the certificate of insurance.

Address Hwy 218 S Austin MN 55912
Street City State Zip
Must be the same on the certificate of insurance.

Phone (507) 437-1925

Date Original Bond Issued 11 / 13 / 95 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978).

Name of Surety Company TRI-STATE INSURANCE COMPANY OF MINNESOTA ✓
Type or Print

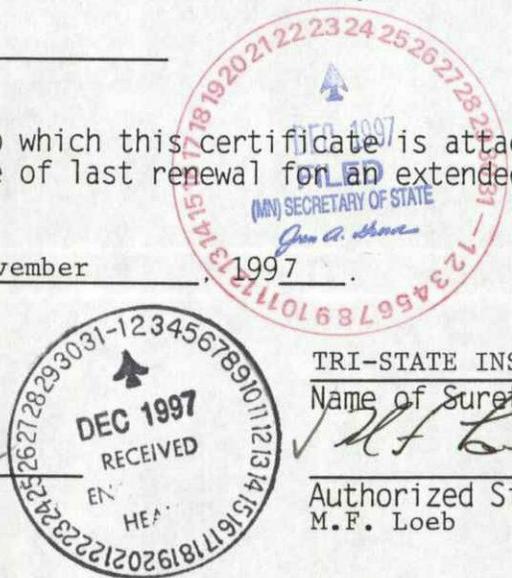
Address One Roundwind Road Luverne MN 56156
Street City State Zip

Phone (507) 283-9561

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 17th day of November, 1997

Jack Workman
 Master Plumber Signature
 9704251



TRI-STATE INSURANCE COMPANY OF MINNESOTA
 Name of Surety Company ✓

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

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.

DEC 02 1997



OFFICE USE ONLY	Fee <u>\$40.00</u> <u>14170</u> Dep. No. <u>101</u>
WC <input checked="" type="checkbox"/> PHCC <input type="checkbox"/>	Lic. No. <u>PM00</u> <u>2123</u> Renew <u>12/2</u> <u>1997</u>

RIDER CHANGING BOND

WHEREAS, on or about the 31st day of December 19 95, TRI-STATE INSURANCE COMPANY OF MINNESOTA, as surety (hereinafter called the Surety) issued its Master Plumber Bond No. on behalf of State of Minnesota in favor of Jack Workman DBA Jax Plumbing Pm002123

NOW, THEREFORE, IT IS HEREBY STIPULATED AND AGREED that, with respect to any loss or losses sustained through acts or omissions occurring on and after the 10th day of December, 19 97, the Surety hereby gives its consent to:

- [] INCREASE BOND TO: (\$) Dollars
[] DECREASE BOND TO: (\$) Dollars
[] CHANGE NAME OF THE PRINCIPAL TO:
[X] CHANGE ADDRESS OF THE PRINCIPAL TO: 1304 SE 10th Dr, PO Box 863, Austin MN 55912
[] OTHER

PROVIDED, however, (1) that the liability of the Surety for any loss sustained through acts or omissions occurring in any period during which coverage shall have been in the same amount shall be limited to the amount of coverage in force at the time such acts or omissions occur; and provided further that the aggregate liability of the Surety for any and all losses sustained through acts or omissions occurring during the life of said bond, irrespective of the number of changes made in the amount thereof, shall not be cumulative as to periods during which the coverage was in different amounts, and shall not in any event exceed the largest amount of said bond at any one time; (2) if the attached bond contains a provision limiting the time for discovery of loss after the cancellation of the bond, and if this rider decreases the amount of said bond, the amount by which the coverage is decreased shall be considered as having been cancelled as of the effective date of such decrease for the purpose of computing the period allowed for the discovery of loss.

SIGNED, SEALED and DATED this 11th day of December, 19 97

Jack Workman Principal

TRI-STATE INSURANCE COMPANY OF MINNESOTA

By: N.J. McMeen Attorney-in-Fact



Handwritten signature/initials