

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. An ACORD form or any other certificate of insurance will not be accepted.

Master Plumber Name Joyce, Robert K ✓ Bond No. 55-159466 ✓
Type or Print (do not enter the plumbing company name)

Address _____
Street City State Zip

Phone () _____

Plumbing Company Name JOYCE PLUMBING INC ✓
Type or Print. Must be the same as filed the previous year.
Must be the same on the certificate of insurance.

Address 4342 OAKDALE AVE. EDINA, MN 55424 ✓
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.

Phone () _____

Date Original Bond Issued DECEMBER/ 31/ 1994 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978).

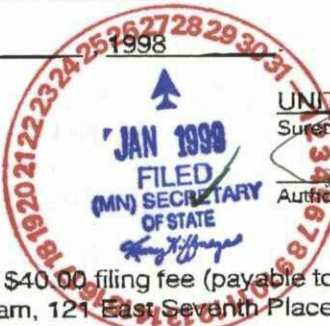
Surety Company Name UNITED FIRE & CASUALTY COMPANY ✓
Type or Print
Address 118 Second Avenue SE Cedar Rapids Iowa 52401
Street City State Zip

Phone (319) 399-5790

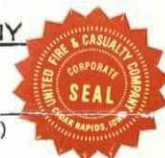
The bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for an extended term ending December 31st, 1999 ✓

Dated this 15 day of OCTOBER 1998

Master Plumber Signature [Signature] ✓

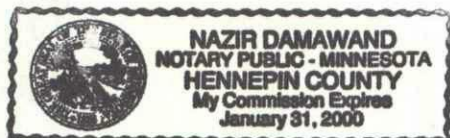


UNITED FIRE & CASUALTY COMPANY
Surety Company Name
Authorized Signature of Surety (Attorney-in-Fact) [Signature]



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: (651) 215-0836.

OFFICE USE ONLY	Fee <u>\$4000K 5728</u>	Dep. No. <u>113</u>	Dep. Date <u>JAN 22 1999</u>
WC <input checked="" type="checkbox"/> PHCC <input type="checkbox"/>	Lic. No. <u>PM00 3389</u>	Renew <u>N, 18, 98</u>	



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