Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North St. Paul, MN 55155

St. Paul, Minnesota 55155



E-mail: dli.license@state.mn.us Website: www.dli.mn.gov

(SURETY COMPANY)

Phone: (6	51) 284-5034	Manuta	actured Home Manufac	turer Surety Bond
PRINT IN INK or TYPE		BOND NO.	AMOUNT	EFFECTIVE DATE
KNOW ALI	L PERSONS BY THESE PRESENTS:		\$20,000.00	
THAT				
	Business name as registered with the Office of the	Minnesota Secretary of State; o	r if individual proprietor, individual's name.)	
		(DBA or "doing business as"	" name if applicable)	
With busine	ess office at(Business Addro	ess)	(City) (State) (Zip Co	de) (Telephone number)
as PRINCI	PAL, and			
		(	Surety Company Name)	
(S	Surety Company Address)	(City)	(State) (Zip C	Code) (Telephone number)
hereby held perform the	on duly organized in the state of	a and any person injured ovs, ordinances, and rules	related to the Principal's license or an	f the Principal's failure to faithfully
For paymer presents.	nt of this sum, Principal and Surety bind the	hemselves, their heirs, re	presentatives, successors and assig	ns, jointly and firmly by these
Industry to b Statutes, se	ITTION of the above obligation is such that be licensed as, or has been licensed as, a actions 326B and 327B, as amended, Minr atered into within the state.	manufactured home man	ufacturer with specific privileges and i	esponsibilities under Minnesota
	REFORE, if said Principal shall faithfully ar ts thereto, pertaining to the license or pern d effect.			
each two-ye	ate liability of the Surety, regardless of the ear period the bond remains in force. The a separate bond were issued every two ye	bond penalty shown abov		
Principal an to any liabili Surety shall	e, it is the intention of the parties that this be determined the Minnesota Department of Labor and ities or indebtedness incurred prior to the I notify the Principal and the Minnesota De of the bond falling below the legal requirer	Industry 30 days written termination of this said 30 apartment of Labor and In	notice, said notice to be served by co days' notice, the liability of the Sure	ertified mail, whereupon, except as ty under this bond shall cease. The
and 4(c) and the field pro required lice	natures below, the parties certify that the divided 326B.0921, as constituted on the effect invided on this form and shall be in effect upensure by the State of Minnesota. Principal has issued the license for which Principal	ve date of this bond. This ntil cancellation. Effective al shall not conduct work	s bond shall be effective as of the effe eness of this bond is only a compone	ective date provided by the Surety in nt of, and does not constitute
Signed and	d sealed thisday of		(SURETY	SEAL)
Print Name	e of Principal(s)		SIGNATURE OF PRINC	CIPAL(S)
Print Name of Principal(s)			SIGNATURE OF PRINC	CIPAL(S)
Acknowledge (notarize) signatures on reverse power of attorney form.		side and attach	NAME OF SURETY	
File with:	Minnesota Department of Labor and	Industry		
	CCLD Licensing and Certification 443 Lafayette Road N.		SIGNATURE OF ATTO (SURETY COMPANY)	RNEY IN FACT

## A OR B AND C MUST BE COMPLETED

A.		•	<ul> <li>b, Limited Liability Company or Limited Liability Particled.</li> <li>Please copy the page if necessary.)</li> </ul>	nership
STATE	OF			
COUNT	TY OF	) ss )		
On this	day of	personally ca	me	
to me v	well known to be the identical perso	n(s) described in and who	executed the foregoing bond and he/she/they acknowled	edged the same
to be hi	is/her/their own free act and deed.			
(SEAL)			Notary Public,County,	
			My Commission Expires	
В.	FOR ACKNOWLEDGEMENT of	Corporate Contractor		
STATE	OF	)		
COUNT	TY OF	) ss )		
On this	day of	personally ca	me	
			, a	
			corporation by authority of its Board of Directors; that he	
-	vledged said instrument to be the fro			
(SEAL)			Notary Public,County,	
			My Commission Expires	
PART c.	C MUST BE COMPLETE		TY COMPANY	
STATE		)		
		) ss		
COUNT	IY OF	)		
On this	day of	personally ca	me	
and			to me personally known, who being by me duly sw	orn, did say that
he/she	is the attorney in fact of			,the
corpora	ation whose name is affixed to the fo	oregoing instrument; that	the seal affixed to the foregoing instrument is the corporate	ate seal of the
said co	rporation; and that said instrument	was executed in behalf o	f said corporation by authority of its board of directors an	d said
			acknowledged that he/she executed said instrument	as attorney in
fact as	the free act and deed of said corpo	ration.		
(SEAL)			Notary Public,County,	
			My Commission Expires	