

CITY COMMISSION MEETING
VALLEY CITY, NORTH DAKOTA

Tuesday, June 3, 2025
5:00 PM

The City Commission Meeting will begin on Tuesday, June 3, 2025 at 5:00 PM CT, at the City Commission Chambers, 254 2nd Avenue NE, Valley City, ND.

The meeting is also available to view online <https://us06web.zoom.us/j/82201396200> or listen by calling (1 346 248 7799) Webinar ID: 822 0139 6200.

Board of City Commissioners	Role	Department Supervisor	Role
Dave Carlsrud	President	Gwen Crawford	City Administrator
Michael Bishop	Commissioner	Carl Martineck	City Attorney
Duane Magnuson	Commissioner	Brenda Klein	Finance Director
Jeffrey Erickson	Commissioner	Brandy Johnson	Deputy Auditor
Dick Gulmon	Commissioner	Tina Current	City Assessor
		Scott Magnuson	Fire Chief
		Nick Horner	Police Chief
		KLJ/Moore	City Engineers

NEXT RESOLUTION NO. 2493 NEXT ORDINANCE NO. 1172

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE (PLEASE STAND)

APPROVAL OF AGENDA (ROLL CALL VOTE NEEDED WHEN CHANGES MADE TO THE AGENDA)

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

APPROVAL OF CONSENT AGENDA

- A. Approve Minutes from the 5.20.2025 Finance and Commission Meetings.

Page 3
- B. Approve Raffle requests:

Page 9

Fraternal Order of Police James Valley Lodge #4 on 9.17.2025 @ the Valley City Police Department

Sheyenne River Valley Scenic Byway Association on 8.5.2025 @ Chautauqua Park

Red Knights Motorcycle Club North Dakota 1 on 9.14.2025 @ VC Eagles
- C. Approve Gaming Site Authorization for 2025-26:

Page 18

North Dakota Horse Park Foundation at SkyLANES
- D. Approve 2025 Tree Trimming & Removal Service Application:

Page 21

Morehouse Enterprises of Valley City
- E. Approve 2025-26 Cabaret License:

Page 23

FOE Aerie 2192 dba Valley City Eagles
- F. Approve 2025-26 New Contractor Licenses:

Page 24

Six K’s LLC dba MNM Construction of Casselton

Al’s Excavating & Concrete of Fingal
- G. Approve 2025-26 Contractor License Renewals:

Page 31

Allstar Construction

ASAP Electric

Balancing Professionals Inc

Diesel Dogs Contracting LLC

East & West Excavating

FMJ Electric LLC

LaValle Flooring Inc

Meyer Milk Transport Inc

Montana Dakota Utilities Co.

NOVA Fire Protection

Rollie’s Remodeling

Sheyenne Concrete LLC

Steamatic

Wrigley Mechanical Inc

Your Home Improvement Company

Ace Plumbing

Vanterra Foundation Solutions LLC dba Safe Basements of MN, LLC

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

PUBLIC COMMENTS

Attorney General’s “A Citizen’s Guide to North Dakota Open Records & Open Meetings Laws” **A member of the public does not have the right to speak to the governing body at an open meeting. The public is only entitled to see and hear what happens at a meeting, and to record or broadcast those observations.*

- ✓ No personal attacks to persons present or not
- ✓ No inflammatory language used during time that you have the platform
- ✓ 5-minute maximum or as directed by the chair
- ✓ Thank you for participating in City Government.

NEW BUSINESS

NB1. Approve Agreement for Geotechnical Services for the NW Water Tower Project *(City Engineer)* Page 94

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

NB2. Approve Contract for Mowing and Weed Trimming – Nuisance Abatement – Cole Mindt *(City Attorney Martineck)* Page 95

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

NB3. Approve Contract for Tree Services – Nuisance Abatement – Johnny B’s Trees and Service. *(City Attorney Martineck)* Page 98

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

NB4. Approve Contract for Tree Services – Nuisance Abatement – Ground to Sky Tree Service. *(City Attorney Martineck)* Page 101

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

NB5. Approve Task Order Amendment for Environmental Documentation, Design and Bidding for National Guard Water Tower Demolition Project. *(City Engineer)* Page 104

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

CITY ADMINISTRATOR’S REPORT

CITY UPDATES & COMMISSION REPORTS

ADJOURN

CITY COMMISSION FINANCE MEETING VALLEY CITY, NORTH DAKOTA

Tuesday, May 20, 2025
2:30 PM

Called to Order

President Carlsrud called the meeting to order at 2:30 PM.

Roll Call

Members present: President Carlsrud, Commissioner Bishop, Commissioner Magnuson, Commissioner Erickson, Commissioner Gulmon.

Other present: City Administrator Crawford, City Attorney Martineck, Finance Director Klein, Chief Horner, Administrative Assistant Hintz

Agenda Items

Review Monthly Bills/Reports. Finance Director Klein reviewed the monthly bills and reports.

Discuss Camera Grant. City Administrator Crawford shared with the Commissioners that the original Grant for the Cameras did not cover all of the expenses but there are funds from other Grants that will.

Discuss an Ordinance allowing Chickens in City Limits. President Carlsrud shared that a number of Citizens have reached out and inquired about raising chickens. The Commissioners have asked City Attorney Martineck to look into what neighboring Cities allow and draft an ordinance for the June 17th meeting.

Review City Mobile Home Park Regulations. City Attorney Martineck will draft an Ordinance about the age, model types, as well as installation allowed and where they are allowed in the City.

Discuss 2025 General Fund Budget Amendment for Transportation Plan. The Commissioners agreed to move forward with this plan.

Discuss Administrative Approval for Changes to Applications on Liquor Licenses. The Commission agreed that notification for these changes is appropriate and Commission approval is not needed.

Review Gaming Site Authorization Regulations. City Attorney Martineck will draft an ordinance for Site Authorizations requiring the Gaming Operator to have ties to Valley City.

Discuss New Renaissance Zone Island. Discussion was had on the Renaissance Zone Authority Board moving forward with a new Island. This will allow more locations for the building of new homes that will qualify for the Renaissance Zone Tax Credits.

Discuss Possible Sale of Lot 3, Block 2, Bjornson Heights Parcel. City Administrator Crawford shared that there is interest in purchasing this piece of property to use for recreation. The Commissioners tabled the discussion until it is determined how much of the property is needed and the planned use of the property. There are concerns for the hill side and road below.

Department Reports

Department Spotlight – Police Department

Sanitation Department Supervisor Swart explained the process for picking up the garbage during Cleanup Week. Three different trucks loading different materials go around and collect the trash.

Residents are still able to haul their items to the Transfer Station on May 31st at no cost. June 9th – 13th is Electronic Cleanup Week. During that week, you may take your used Electronics to the Transfer Station and dispose of them for just \$.75 /lb.

Water Department Water Supervisor Hesch explained that they are using surface water currently and not the aquifer.

Electrical Department Electrical Superintendent Senf had 1 outage caused by a squirrel since last meeting and that his Team is busy working on projects.

Fire Department Fire Chief Magnuson reported calls were back up for the month. They have also been busy removing signs around town and issuing notices for blighted or dangerous properties.

Police Department Police Chief Horner shared the calls that his Team has had over the last month. They have been busy with Compliance Checks; Peer Support and Community projects and events. They will be swearing in new Police Officer Chaise Johnson today.

Street Department Operations Supervisor Klemisch's Team has been busy completing the hydrant flushing around town. Cleanup week was very busy and they plan to pick up sticks & branches the 29th and 30th.

Finance Director Klein informed the Commission that she will be mailing out the budget schedule for July. The Auditors will be coming next week. The City is very happy with the bond rates that it received.

City Attorney Martineck shared the current job openings for the City; An accountant, a Public Works 1 and a Public Works 2. The Executive Assistant position has been filled.

City Administer Crawford shared that the Employees at Public Works & City Hall have been busy switching desk/office locations. The west door will become locked full time. The North door will become the main entrance. The plan is to have this completed in June. They have been working on Phase 4 – Flood updates, Final information should be coming next week. Bids in July and the process should be completed in 2026. Water tower update: State Water Commission request is ready to go, waiting on the State for the Emergency request. The Water Tower Plan Site is done as well as the Environmental Review. Looking to this fall for a bid date. Completed the base in 2026 and the tower in 2027. Finished the Connie Courtney PFP Buyout. Per confirmation from the State, Valley City can have 2 Islands in their Renaissance Zone Blocks. We will be holding a Public Hearing during the June 17th Commission Meeting. Prior to the meeting. Letters will be mailed to the landowners.

President Carlsrud asked the Engineers to take note of the bid requirements and dates with the changes that were made.

Adjourn

The meeting was adjourned at 4:37PM.

CITY COMMISSION MEETING VALLEY CITY, NORTH DAKOTA

Tuesday, May 20, 2025

President Carlsrud called the meeting to order at 5:00 PM.

Members present: President Carlsrud, Commissioner Gulmon, Commissioner Bishop, Commissioner Erickson, Commissioner Magnuson

Others: City Administrator Crawford, City Attorney Martineck, Finance Director Klein, Police Chief Horner, Administrative Assistant Hintz.

PLEDGE OF ALLEGIANCE

OATH OF OFFICE FOR POLICE OFFICER CHAISE JOHNSON

APPROVAL OF AGENDA

No Changes.

APPROVAL OF CONSENT AGENDA

- A. Approve Minutes from the 5.5.2025 Commission Meeting.**
- B. Approve Site Authorizations:**
 - Valley City Baseball Association @ Clubhouse Lounge**
 - Valley Twisters Gymnastics Club, Inc @ Tavern 94**
 - VC Eagles Aerie 2192 Fraternal Order of Eagles @ VC Eagles Aerie 2192, My Bar & Jimmy's Pizza**
 - Valley City Hockey & Figure Skating Club @ Youth Sports Complex**
- C. Approve New 2025-26 Contractor Licenses:**
 - Ulrich Enterprises, Inc. dba Ulrich Pool Company of Fargo**
 - Concrete Cowboys Inc of Jamestown**
 - Loren Richards Inc/Richards Excavating of Fargo**
 - Sullivan Construction Inc of Fargo**
- D. Approve 2025-26 Contractor License Renewals:**
 - ACB Construction**
 - All Finish Concrete Inc**
 - Breland Enterprises Inc dba American Waterworks**
 - Karma Enterprises LLC dba Asset Services LLC**
 - Richard Berg Construction**
 - Bridge City Landscaping & Excavating LLC**
 - Central Trenching Inc**
 - Comstock Construction Inc**
 - CR Larson Concrete**
 - Floor to Ceiling Carpentry & Repair**
 - FM Asphalt LLC**
 - Herzog Roofing Inc**
 - High Performance Coatings, Inc**
 - Hi-Line Construction**
 - Johnny B's Trees & Service**
 - Kenpat Central Florida LLC**
 - Travis Kunze Construction**
 - Meridian Commercial Construction LLC**
 - Midland Door Solutions LLC**
 - Northland Sheds Inc**
 - RAG Properties LLC**
 - Tate & John's Enterprises**
 - Tim's Custom Cabinets & Construction**
 - Valley Realty Inc**
 - RJ's Plumbing & Heating Inc**
 - Tim's Plumbing LLC**
 - Home Heating, Plumbing & A/C Inc**
 - APi HVAC Services Inc dba Metropolitan Mechanical Contractors**
 - Superior Electric of Fargo LLC**
 - PEC Solutions of the Dakotas LLC**
 - John's Refrigeration & Electric Inc**

**Hi-Line Electric Inc
Grotberg Electric Inc
Energize Electric LLC
Bentson Electric
Differding Electric LLC
Bakkegard & Schell Inc
Sheyenne River Repair
Manning Mechanical
Grotberg Electric Inc dba Triton Mechanical
2 Phase Electric LLC
Hope Electric
Northland Window & Door
Brett Stearns Enterprises LLC**

Commissioner Bishop moved to approve, seconded by Commissioner Magnuson.
Motion passed unanimously.

PUBLIC HEARING

Open Public Hearing Regarding Application for Alcoholic Beverage License for Textkota, LLC.

Motion to Close Hearing.

Commissioner Magnuson moved to close the hearing, seconded by Commissioner Erickson.
Motion passed unanimously.

Approve Application for Alcoholic Beverage License for Textkota, LLC.

Commissioner Bishop moved to approve Textkota's Application, seconded by Commissioner Magnuson.
Motion passed unanimously.

ORDINANCE

ORD 1171 Approve Second and Final Reading of Ordinance 1171, An ordinance to create and enact Chapter 1 of Title 21 of the Valley City Municipal Code related to an enterprise for single-family homebuyer assistance.

Commissioner Gulmon moved to approve, seconded by Commissioner Bishop.
Motion passed unanimously.

RESOLUTION

RES 2480 Resolution Accepting Bids and Awarding Contract for Sanitary Sewer Improvement District No 72.

Commissioner Gulmon moved to approve, seconded by Commissioner Magnuson.
Motion passed unanimously.

RES 2485 Resolution Approving Engineer's Report and Directing Preparation of Detailed Plans and Specifications for Paving Improvement District No. 131, Sanitary Sewer Improvement District No. 71 Storm Sewer Improvement District No. 57, Water Main Improvement District No. 107.

Commissioner Bishop moved to approve, seconded by Commissioner Gulmon.
Motion passed unanimously.

RES 2486 Resolution Declaring Necessity of Improvements in Paving Improvement District No. 131. NDDOT Project Nos. (UGP-2-990(068) PCN 24181) (SU-CPU-2-990(069) PCN 24239).

Commissioner Magnuson moved to approve, seconded by Commissioner Gulmon.
Motion passed unanimously.

RES 2487 Resolution Approving Electric Utility Revenue Bond Series 2025 in the amount of \$13,000,000 through the Bank of North Dakota Infrastructure Revolving Loan Fund.

Commissioner Gulmon moved to approve, seconded by Commissioner Magnuson.
Motion passed unanimously.

RES 2488 Resolution Approving Final Plat of B&G Subdivision, City of Valley City.

Commissioner Gulmon moved to approve, seconded by Commissioner Bishop.
Motion passed unanimously.

RES 2489 Resolution Approving Final Plat of Bishop Subdivision, City of Valley City.

Commissioner Bishop abstains due to a conflict of Interest.

Commissioner Magnuson moved to approve, seconded by Commissioner Gulmon.
Motion passed unanimously.

RES 2490 Resolution Authorizing the Issuance of Improvement Warrants and Exchanging them for \$1,200,000 Refunding Improvement Bonds of 2025. Jon Lundby with Colliers reported that the City received a rate of 4.26% for 30 years. The City has a really good rating of 8.1. Commissioner Bishop moved to approve, seconded by Commissioner Magnuson. Motion passed unanimously.

RES 2491 Resolution Determining Sufficiency of Protests for Paving Improvement District 132. Finance Director Klein reported that there were no protests.

Commissioner Magnuson moved to approve, seconded by Commissioner Bishop. Motion passed unanimously.

RES 2492 Resolution Accepting Bid and Awarding Contract for Paving 132 and Paving 129.

Commissioner Bishop moved to approve, seconded by Commissioner Magnuson. Motion passed unanimously

NEW BUSINESS

Approve Monthly Bills for the City and Public Works in the Amount of \$1,483,468.

Commissioner Gulmon moved to approve, seconded by Commissioner Magnuson. Motion passed unanimously.

Approve 2025 General Fund Budget Amendment for Transportation Plan

Commissioner Gulmon moved to approve, seconded by Commissioner Magnuson.

Roll Call Vote: Magnuson-Aye, Erickson-No, Gulmon-Aye, Bishop-Aye, Carlsrud-Aye
Motion Carried.

Approve Bid for Sale of 2019 Chevy Tahoe -- \$3,001.00.

Commissioner Bishop moved to approve, seconded by Commissioner Magnuson. Motion passed unanimously.

Approve the request for additional funds to support establishment of the new Single-Family Home Buyer Assistance Program to fund six homes in Valley City.

Commissioner Gulmon moved to approve the request of \$61,250., seconded by Commissioner Magnuson. Motion passed unanimously.

Approve contract with the State Tax Commissioner to administer the City of Valley City's local sales, use and gross receipts taxes for the 2025-2027 biennium.

Commissioner Magnuson moved to approve, seconded by Commissioner Erickson. Motion passed unanimously.

Approve Amendment to Exhibit A - Resolution 2465, to Correct Administrative Error in Published Rates and Fees for Solid Waste Service. Verify the changes on the Master Fee Schedule.

Commissioner Gulmon moved to approve, seconded by Commissioner Erickson. Motion passed unanimously.

Approve Recommendation from the Renaissance Zone Authority Board to Approve the Application from Sullivan Construction for a 5-year State Income Tax Exemption and a 5-year Property Tax Exemption Capped at \$300,000 Valuation on a New Single-Family Home and Designate it as VC-138.

Commissioner Gulmon moved to approve, seconded by Commissioner Magnuson. Motion passed unanimously.

CITY UPDATES & COMMISSION REPORTS

City Assessor Current shared that the Primary Resident's Tax Credit went up from \$500. to \$1600. for 2025. Property Owners will no longer receive an estimated tax notice in August. Your tax notice will now list the past years taxes and everyone will get a notice.

Commissioner Gulmon gave an update on the Service Center. Dirt work should happen in June or July of 2025 with a completed Service Center end date of September 2026. Gulmon also gave a shout out to the Crews who worked during Cleanup Week thanking them for all their efforts.

Commissioner Erickson dittoed the thank you to the Crews for their work with Cleanup Week. He also reminded all that trees & branches will be picked up May 29th a& 30th. The Transfer Station will be open on May 31st for Residents to haul trash to the Station at no charge. There will also be an Electronic Disposal Week, June 9th through the 13th. Residents may bring their old electronics to the Transfer Station & dispose of them for just \$.75 a pound.

President Carlsrud thanked the Staff and Commissioners for all they do for the City.

ADJOURN

Meeting was adjourned at 5:38 P.M.

Attested to by:

Brenda Klein, Finance Director
City of Valley City

Dave Carlsrud, President of the
City of Valley City Commission



LOCAL PERMIT OR RESTRICTED EVENT PERMIT
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
GAMING DIVISION
SFN 17926 (4-2023)

Permit Number

1557

Permit Type (check one)

☒ Local Permit ☐ Restricted Event Permit*

Games Authorized

☐ Raffle by a Political or Legislative District Party

☐ Bingo ☒ Raffle ☐ Raffle Board ☐ Calendar Raffle ☐ Sports Pool ☐ Poker* ☐ Twenty-One* ☐ Paddlewheels*

**See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.*

LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group Fraternal Order of Police James Valley Lodge #4		Dates Authorized (Read Instruction 2) 9.17.2025	
Organization or Group Contact Person Dana Rustebakke	E-mail dsrusty@msn.com	Telephone Number 701-302-0369	
Mailing Address PO Box 1851	City Jamestown	State ND	ZIP Code 58402

SITE INFO

Site Name Valley City Police Department		County Barnes	
Site Address 216 2nd Ave NE	City Valley City	State ND	ZIP Code 58072
If the city or county is placing restrictions on the permit, please explain			
Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.) 9.17.2025 Raffle			

Permits must be issued prior to the 1st event date.

Local governing bodies please see the instructions on the backside of this form on how to complete the permit. Be certain to provide the organization or group with the "Information Required to be Preprinted on a Standard Raffle Ticket" found on the backside of this forms if a raffle is being conducted. If a "Restricted Event Permit" is being issued, either provide organization or group with SFN 52880 "Report on a Restricted Event Permit" or make them aware that the report must be filed with the city or county **and** the Office of Attorney General within 30 days after the event. Before approving a site location, ensure compliance with the gaming law below

Before approving a local permit or restricted event permit the local governing body should review North Dakota Century Code 53-06.1-03(3)(a) which states:

3. A licensed organization or organization that has a permit shall conduct games as follows:

a. Only one licensed organization or organization that has a permit may conduct games at an authorized site on a day, except that a raffle may be conducted for a special occasion by another licensed organization or organization that has a permit when one of these conditions is met:

(1) When the area for the raffle is physically separated from the area where games are conducted by the regular organization.

(2) Upon request of the regular organization and with the approval of the alcoholic beverage establishment, the regular organization's license or permit is suspended for that specific time of day by the Attorney General.

Local governing bodies should also review North Dakota Administrative Code 99-01.3-01-05 (Permits) for the administrative rules governing permits. These rules may be viewed on the North Dakota Attorney General's website at <https://attorneygeneral.nd.gov/licensing-and-gaming/gaming/gaming-laws-rules-and-publications>

CITY OR COUNTY CONTACT PERSON

Name Brenda Klein	Title Finance Director	Telephone Number 701-845-1700	E-mail Address bklin@valleycity.us
Signature of City or County Official		Date 6.4.2025	Issuing Governing Body <input checked="" type="checkbox"/> City <input type="checkbox"/> County

City or County must submit a copy of the permit above to the Office of Attorney General within 14 days of issuance.



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
GAMING DIVISION
SFN 9338 (9-2023)

Paid \$10.- 5-19-25
Gun letter given

Permit # 1557

Applying for (check one)

☒ Local Permit ☐ Restricted Event Permit*

Games to be conducted ☐ Raffle by a Political or Legislative District Party

☐ Bingo ☒ Raffle ☐ Raffle Board ☐ Calendar Raffle ☐ Sports Pool ☐ Poker* ☐ Twenty-One* ☐ Paddlewheels*

*See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.

LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group Fraternal Order of Police Jones/Valley Lodge #4		Dates of Activity (Does not include dates for the sales of tickets) 6/1/2025 - 9/17/2025	
Organization or Group Contact Person Dana Rustebekke	E-mail dsrusty@msn.com	Telephone Number 701-302-0369	
Business Address Po Box 1851	City Jamestown	State ND	ZIP Code 58402
Mailing Address (if different)	City	State	ZIP Code

SITE INFO

Site Name Valley City Police Dept.		County Barnes	
Site Physical Address 216 2nd Ave NE	City Valley City	State ND	ZIP Code 58072
Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.) 9/17/25 Raffle			

PRIZE / AWARD INFO (If More Prizes, Attach An Additional Sheet)

Game Type	Description of Prize	Exact Retail Value of Prize
Raffle	Remington 870 Shotgun	\$349.99
Raffle	Glock 19x	\$649.99
Raffle	Anderson AR-15	\$600.00
See Attached sheet.		Total (limit \$40,000 per year) \$3099.95

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds Operation costs, Training, + education for F.O.P. Members	
Does the organization presently have a state gaming license? (If yes, the organization is not eligible for a local permit or restricted event permit and should call the Office of Attorney General at 1-800-326-9240) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the organization or group received a restricted event permit from any city or county for the fiscal year July 1 - June 30 (If yes, the organization or group does not qualify for a local permit or restricted event permit) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has the organization or group received a local permit from an city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Total Retail Value: (This amount is part of the total prize limit for \$40,000 per fiscal year)	
Is the organization or group a state political party or legislative district party? (If yes, the organization or group may only conduct a raffle and must complete SFN 52880 "Report on a Restricted Event Permit" within 30 days of the event. Net proceeds may be for political purposes.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Printed Name of Organization Group's Permit Organizer Dana Rustebekke	Telephone Number 701-302-0369	E-mail Address dsrusty@msn.com
Signature of Organization Group's Permit Organizer [Signature]	Title President	Date 5/16/25

Raffle Cont.

4.	Solo Stove Yukon	\$499.99
5.	Trager Pro 22	\$499.99
6.	Blackstone 36	\$499.99
Total this page		\$1499.97



LOCAL PERMIT OR RESTRICTED EVENT PERMIT
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
GAMING DIVISION
SFN 17926 (4-2023)

Permit Number
1558

Permit Type (check one)

☒ Local Permit ☐ Restricted Event Permit*

Games Authorized

☐ Raffle by a Political or Legislative District Party

☐ Bingo ☒ Raffle ☐ Raffle Board ☐ Calendar Raffle ☐ Sports Pool ☐ Poker* ☐ Twenty-One* ☐ Paddlewheels*

*See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.

LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group Shenoye Róver Valley Scenic Byway Association		Dates Authorized (Read Instruction 2) 8.5.2025	
Organization or Group Contact Person Mary Lee Nielson	E-mail marylee@hellovalley.com	Telephone Number 701-840-1580	
Mailing Address 250 Main St W	City Valley City	State ND	ZIP Code 58072

SITE INFO

Site Name Chautauqua Park		County Barnes	
Site Address 933 12th St NE	City Valley City	State ND	ZIP Code 58072
If the city or county is placing restrictions on the permit, please explain			
Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.) 8.5.2025 Raffle			

Permits must be issued prior to the 1st event date.

Local governing bodies please see the instructions on the backside of this form on how to complete the permit. Be certain to provide the organization or group with the "Information Required to be Preprinted on a Standard Raffle Ticket" found on the backside of this forms if a raffle is being conducted. If a "Restricted Event Permit" is being issued, either provide organization or group with SFN 52880 "Report on a Restricted Event Permit" or make them aware that the report must be filed with the city or county and the Office of Attorney General within 30 days after the event. Before approving a site location, ensure compliance with the gaming law below

Before approving a local permit or restricted event permit the local governing body should review North Dakota Century Code 53-06.1-03(3)(a) which states:

3. A licensed organization or organization that has a permit shall conduct games as follows:

- a. Only one licensed organization or organization that has a permit may conduct games at an authorized site on a day, except that a raffle may be conducted for a special occasion by another licensed organization or organization that has a permit when one of these conditions is met:

- (1) When the area for the raffle is physically separated from the area where games are conducted by the regular organization.
(2) Upon request of the regular organization and with the approval of the alcoholic beverage establishment, the regular organization's

license or permit is suspended for that specific time of day by the Attorney General.

Local governing bodies should also review North Dakota Administrative Code 99-01.3-01-05 (Permits) for the administrative rules governing permits. These rules may be viewed on the North Dakota Attorney General's website at <https://attorneygeneral.nd.gov/licensing-and-gaming/gaming/gaming-laws-rules-and-publications>

CITY OR COUNTY CONTACT PERSON

Name Brenda Klein	Title Finance Director	Telephone Number 701-845-1700	E-mail Address bklein@valleycity.us
Signature of City or County Official		Date 6.4.2025	Issuing Governing Body <input checked="" type="checkbox"/> City <input type="checkbox"/> County

City or County must submit a copy of the permit above to the Office of Attorney General within 14 days of issuance.

Paid \$10.- Cash 5-29-25



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 SFN 9338 (4-2023)

Permit # 1558

Applying for (check one)

☒ Local Permit
 ☐ Restricted Event Permit*

 Games to be conducted ☐ Raffle by a Political or Legislative District Party

☐ Bingo
 ☒ Raffle
 ☐ Raffle Board
 ☐ Calendar Raffle
 ☐ Sports Pool
 ☐ Poker*
 ☐ Twenty-One*
 ☐ Paddlewheels*

*See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.

LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group <i>Shenandoah River Valley Scenic Byway Association</i>		Dates of Activity (Does not include dates for the sales of tickets) <i>8-5-25</i>	
Organization or Group Contact Person <i>Mary Lee Nielson</i>		E-mail <i>MaryLee@helladvalley.com</i>	Telephone Number <i>701 840 1580</i>
Business Address <i>250 Main St W</i>		City <i>Valley City</i>	State <i>ND</i> ZIP Code <i>58072</i>
Mailing Address (if different)		City	State ZIP Code

SITE INFO

Site Name <i>Chautauqua Park</i>		County <i>Barnes</i>	
Site Physical Address <i>933 12th St NE</i>		City <i>Valley City</i>	State <i>ND</i> ZIP Code <i>58072</i>
Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.)			

PRIZE / AWARD INFO (If More Prizes, Attach An Additional Sheet)

Game Type	Description of Prize	Exact Retail Value of Prize
Raffle	Hand Crafted Canoe Paddle	225. ⁰⁰
Raffle	3 piece Patio Set	249. ³⁷
Raffle	Kayak Float Behind Cooler	139. ⁹⁹
See Attachment		Total (limit \$40,000 per year) \$

Intended Uses of Gaming Proceeds*Maintenance of Water Trail*

Does the organization presently have a state gaming license? (If yes, the organization is not eligible for a local permit or restricted event permit and should call the Office of Attorney General at 1-800-326-9240)

☐ Yes
 ☒ No

Has the organization or group received a restricted event permit from any city or county for the fiscal year July 1 - June 30 (If yes, the organization or group does not qualify for a local permit or restricted event permit)

☐ Yes
 ☒ No

Has the organization or group received a local permit from an city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)

☒ No
 ☐ Yes - Total Retail Value: (This amount is part of the total prize limit for \$40,000 per fiscal year)

Is the organization or group a state political party or legislative district party? (If yes, the organization or group may only conduct a raffle and must complete SFN 52880 "Report on a Restricted Event Permit" within 30 days of the event. Net proceeds may be for political purposes.)

☐ Yes
 ☒ No

Name <i>Bob Kappeler</i>	Title <i>Chairman</i>	Telephone Number <i>701-840-0250</i>	E-mail Address <i>bKappeler@msn.com</i>
Signature of Organization or Group's Top Official <i>Bob Kappeler</i>		Title <i>Chairman</i>	Date <i>5/29/25</i>

Raffle Prizes continued:

Kayak: \$399.99

Kayak: (ABC Docks will give price on Monday)

Grill: (PetroServe will give price on Monday)

Hi-Line Bridge print: \$194.50

Epworth Holy Grounds Certificates: \$100

Scheels Gift Certificate: (know on Monday if they will participate) They gave \$500 in a previous raffle.

I will get everything finalized as soon as possible.

Mary Lee Nielson



LOCAL PERMIT OR RESTRICTED EVENT PERMIT
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
GAMING DIVISION
SFN 17926 (4-2023)

Permit Number

1559

Permit Type (check one)

☒ Local Permit ☐ Restricted Event Permit*

Games Authorized

☐ Raffle by a Political or Legislative District Party

☐ Bingo ☒ Raffle ☐ Raffle Board ☐ Calendar Raffle ☐ Sports Pool ☐ Poker* ☐ Twenty-One* ☐ Paddlewheels*

*See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.

LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group Red Knights Motorcycle Club Noth Dakota 1		Dates Authorized (Read Instruction 2) 9.14.2025	
Organization or Group Contact Person Scott Magnuson	E-mail express.wrestling@yahoo.com	Telephone Number 701-840-1961	
Mailing Address PO Box 603	City Valley City	State ND	ZIP Code 58072

SITE INFO

Site Name Valley City Eagles Club		County Barnes	
Site Address 345 12th Ave NE	City Valley City	State ND	ZIP Code 58072

If the city or county is placing restrictions on the permit, please explain

Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.)

9.14.2025 Raffle

Permits must be issued prior to the 1st event date.

Local governing bodies please see the instructions on the backside of this form on how to complete the permit. Be certain to provide the organization or group with the "Information Required to be Preprinted on a Standard Raffle Ticket" found on the backside of this forms if a raffle is being conducted. If a "Restricted Event Permit" is being issued, either provide organization or group with SFN 52880 "Report on a Restricted Event Permit" or make them aware that the report must be filed with the city or county and the Office of Attorney General within 30 days after the event. Before approving a site location, ensure compliance with the gaming law below

Before approving a local permit or restricted event permit the local governing body should review North Dakota Century Code 53-06.1-03(3)(a) which states:

3. A licensed organization or organization that has a permit shall conduct games as follows:
- Only one licensed organization or organization that has a permit may conduct games at an authorized site on a day, except that a raffle may be conducted for a special occasion by another licensed organization or organization that has a permit when one of these conditions is met:
 - (1) When the area for the raffle is physically separated from the area where games are conducted by the regular organization.
 - (2) Upon request of the regular organization and with the approval of the alcoholic beverage establishment, the regular organization's license or permit is suspended for that specific time of day by the Attorney General.

Local governing bodies should also review North Dakota Administrative Code 99-01.3-01-05 (Permits) for the administrative rules governing permits. These rules may be viewed on the North Dakota Attorney General's website at <https://attorneygeneral.nd.gov/licensing-and-gaming/gaming/gaming-laws-rules-and-publications>

CITY OR COUNTY CONTACT PERSON

Name Brenda Klein	Title Finance Director	Telephone Number 701-845-1700	E-mail Address bklein@valleycity.us
Signature of City or County Official		Date 6.4.2025	Issuing Governing Body <input checked="" type="checkbox"/> City <input type="checkbox"/> County

City or County must submit a copy of the permit above to the Office of Attorney General within 14 days of issuance.



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

GAMING DIVISION

SFN 9338 (4-2023)

Paid CK#1847 5-30-25

Permit# 1559

Applying for (check one)

☒ Local Permit ☐ Restricted Event Permit*

Games to be conducted

☐ Raffle by a Political or Legislative District Party

☐ Bingo ☒ Raffle ☐ Raffle Board ☐ Calendar Raffle ☐ Sports Pool ☐ Poker* ☐ Twenty-One* ☐ Paddlewheels*

*See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.

LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group Red Knights Motorcycle Club, North Dakota 1		Dates of Activity (Does not include dates for the sales of tickets) 9.14.25	
Organization or Group Contact Person Scott Magnuson	E-mail express.wrestling@yahoo.com	Telephone Number 7018401961	
Business Address PO Box 603	City Valley City	State ND	ZIP Code 58072
Mailing Address (if different) PO Box 603	City	State	ZIP Code

SITE INFO

Site Name Valley City Eagles Club		County Barnes	
Site Physical Address 345 12th Ave NE	City Valley City	State ND	ZIP Code 58072
Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.) Raffle/ June 18 2025- September 14 2025			

PRIZE / AWARD INFO (If More Prizes, Attach An Additional Sheet)

Game Type	Description of Prize	Exact Retail Value of Prize
Raffle	See attached	4,181.87
	Hand made wooden american flag	300.00
Total (limit \$40,000 per year)		\$ 4481.87

Intended Uses of Gaming Proceeds

Donating funds to fire and accident victims

Does the organization presently have a state gaming license? (If yes, the organization is not eligible for a local permit or restricted event permit and should call the Office of Attorney General at 1-800-326-9240)

☐ Yes ☒ No

Has the organization or group received a restricted event permit from any city or county for the fiscal year July 1 - June 30 (If yes, the organization or group does not qualify for a local permit or restricted event permit)

☐ Yes ☒ No

Has the organization or group received a local permit from an city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)

☐ No ☒ Yes - Total Retail Value: (This amount is part of the total prize limit for \$40,000 per fiscal year)

Is the organization or group a state political party or legislative district party? (If yes, the organization or group may only conduct a raffle and must complete SFN 52880 "Report on a Restricted Event Permit" within 30 days of the event. Net proceeds may be for political purposes.)

☐ Yes ☒ No

Name Scott Magnuson	Title Treasurer	Telephone Number 7018401961	E-mail Address express.wrestling@yahoo.com
Signature of Organization or Group's Top Official 		Title Treasurer	Date 5-30-25

Gun Make/Model	Style	Retail	Cost	Cost w/ Tax
SEEKINS SP15 NXS 5.56 30RD	0011300115-F		\$1,150.00	\$1,236.25
BENELLI M2 12/28 OPT TIMBER	11167		\$1,265.00	\$1,360.00
CANIK TTI COMBAT 9MM	HG7854-N		\$840.00	\$903.00
BMR -X COMPETITION CARBON 22LR	BMR008		\$635.00	\$682.62
Totals		\$0.00	\$3,890.00	\$4,181.87



GAMING SITE AUTHORIZATION
ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - _____ (_____) _____
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization

North Dakota Horse Park Foundation

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location

Sky Lanes

Street

2379 Elm Street

City

Valley City

ZIP Code

58072

County

Barnes

Beginning Date(s) Authorized

07/01/25

Ending Date(s) Authorized

06/30/26

Number of Twenty-One
tables, if zero, enter "0"

0

Specific location where games of chance will be conducted and played at the site (required)

All of Bar & Bowling Alley excluding restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

☐

Bingo

☐

Club Special

☒

Sports Pools

☐

ELECTRONIC Quick Shot Bingo

☐

Tip Board

☐

Twenty-One

☐

Raffles

☐

Seal Board

☒

Poker

☒

ELECTRONIC 50/50 Raffle

☐

Punchboard

☐

Calcuttas

☐

Pull Tab Jar

☐

Prize Board

☐

Paddlewheel with Tickets

☒

ELECTRONIC Pull Tab Dispensing Device

☐

Prize Board Dispensing Device

☐

Paddlewheel Table

☒

ELECTRONIC Pull Tab Device

Days of week of gaming operations (if restricted)

Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General

Date

Signature of City/County Official

Date

PRINT Name and official position of person signing on behalf of city/county above

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

GAME TYPES

Name of Organization: North Dakota Horse Park Foundation

Site: Sky Lanes

Game Type - Check only those Games that are listed in your Internal Control Manual

- | | |
|-----------------------------------|------------------------------|
| 1. Bingo | <u> </u> |
| 2. Electronic Quick Shot Bingo | <u> </u> |
| 3. Raffles | <u> </u> |
| 4. Electronic 50/50 Raffle | <u> X </u> |
| 5. Pull Tab Jar | <u> </u> |
| 6. Pull Tab Dispensing Device | <u> X </u> |
| 7. Electronic Pull Tab Device | <u> X </u> |
| 8. Club Special | <u> </u> |
| 9. Tip Board | <u> </u> |
| 10. Seal Board | <u> </u> |
| 11. Punch Board | <u> </u> |
| 12. Prize Board | <u> </u> |
| 13. Prize Board Dispensing Device | <u> </u> |
| 14. Sports Pool | <u> X </u> |
| 15. Twenty-One | <u> </u> |
| 16. Poker | <u> X </u> |
| 17. Calcutta | <u> </u> |
| 18. Paddlewheel with Tickets | <u> </u> |
| 19. Paddlewheel Table | <u> </u> |

Affidavit by Responsible Party

By signing below, I hereby acknowledge under penalty of perjury that all information contained in this application is complete, true and accurate.


Signature

5-22-25
Date



RENTAL AGREEMENT
OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) Sky Lanes TBD Inc		Site Name Sky Lanes		Site Phone Number 701-840-0333
Site Address 2379 Elm Street	City Valley City	State ND	Zip Code 58072	County Barnes
Organization North Dakota Horse Park Foundation		Rental Period July 1, 2025 to June 30, 2026		Monthly Rent Amount
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
Number of Tables with wagers over \$5 _____ X Rent per Table \$ _____				\$
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$ 100
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices 4		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$ 700
Total Monthly Rent				\$ 800
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

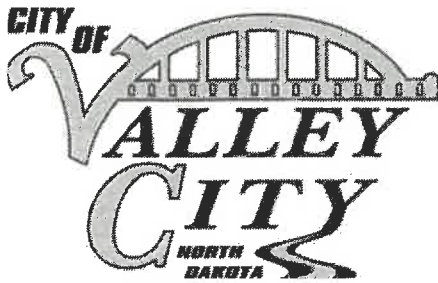
The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title Owner	Date 5-22-2025
Signature of Lessee 	Title Gaming Manager	Date 5-25-25

2025-24
New



**City of Valley City, North Dakota
Application for
Tree Trimming and Removal Service
License**

FOR PERIOD: January 1 – December 31

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business:

Morehouse Enterprises

Owner:

Torrey, Tanner Morehouse, Andrew Schoan

Mailing Address:

1021 14th St SW

City, State Zip Code:

Valley City, North Dakota, 58072

Phone Number:

701-360-3533 - 701-890-8188

Email Address:

morehouse.enterprises,^{LLC} @gmail.com

Today's Date:

5/02/2025

File the following with the City Auditor as part of this application:

_____ **Certificate of Liability Insurance**

LICENSE FEE:

X \$100 if **initial application**, make checks payable to City of Valley City
_____ \$50 if **renewal application**

Paid CK# 3136 5-20-25

RETURN TO:

Valley City Auditor
P. O. Box 390
Valley City, ND 58072
Phone: (701) 845 – 1700



MOREENT-01

JBERTSCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Heritage Insurance Services 202 Central Avenue South Suite 5 Valley City, ND 58072	CONTACT NAME: McKinley Lausch	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Morehouse Enterprises LLC 1021 14th St SW Valley City, ND 58072	E-MAIL ADDRESS: vc@heritageinsservices.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Grinnell Mutual Reinsurance Company	
	INSURER B: Progressive	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0000936725	6/3/2025	6/3/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			02303752	7/10/2024	7/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

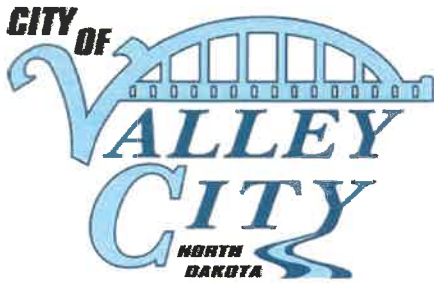
CANCELLATION

City of Valley City
254 2nd Ave. NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

2025-217



City of Valley City, North Dakota Application for Cabaret License

FOR PERIOD: July 1, ~~2024~~ ²⁰²⁵ – June 30, ~~2025~~ ²⁰²⁶

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business:

FOE Aerie 2192

Owner:

Eagles Club

Mailing Address:

PO Box 1055

City, State Zip Code:

Valley City, ND 58072

Phone Number:

701-845-2192

Email Address:

officemanager2192@gmail.com

Resident Manager(s):

Emerson Meidinger

Quentin C. Meidinger (full name), (role) Pres HEREBY request application of said licensing from July 1, ~~2024~~ ²⁰²⁵ to June 30, ~~2025~~ ²⁰²⁶.

I certify that all information and authorizations contained in application filed with the City Auditor's office for said licenses are affirmed and remain correct and true.

Dated this 28 day of May, 2025.

Quentin C. Meidinger

Owner/Corporate Officer

LICENSE FEE:



\$50.00, make checks payable to City of Valley City

Paid CK# 60401 5-29-25

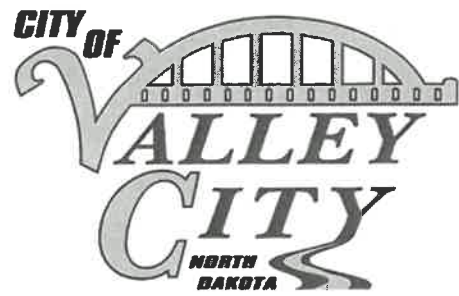
RETURN TO:

Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

new

2025-428

CONF



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: ALS Excavating + Concrete
Owner: Allen Anderson
Mailing Address: PO Box 36
City, State Zip Code: Fingal ND 58031
Phone Number: 701-846-0307
Email Address: als excavating@yahoo.com
Today's Date: 5-21-25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 027168531-1 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☐ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application pa ck 5955 5/21/25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of Als Excavating and Concrete

SOS Control ID#: 0006280819

Certificate #: 027168531-1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

Als Excavating and Concrete

a Contractor - Sole Proprietorship was formed under the laws of North Dakota and filed with this office effective May 19, 2023. This contractor has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: May 21, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



ALSEXCA-01

JBERTSCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Heritage Insurance Services 202 Central Avenue South Suite 5 Valley City, ND 58072	CONTACT NAME: McKinley Lausch	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: vc@heritageinsservices.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Secura Insurance Company	22543
INSURED Allen Anderson - Al's Excavating & Concrete (dba.) 419 4th Street PO BOX 36 Fingal, ND 58031	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CP3397226	9/14/2024	9/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A3397227	9/14/2024	9/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU3397228	9/14/2024	9/14/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

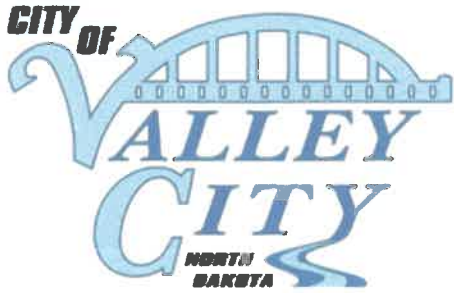
CANCELLATION

City of Valley City
254 2nd Ave. NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

2025-429 New
CONF



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1,
2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: SIX K'S LLC dba:MNM CONSTRUCTION

Owner: MICHAEL KARCZEUSKI

Mailing Address: 168 – 15 AVE NORTH

City, State Zip Code: CASSELTON, ND, 58012

Phone Number: 701-793-4445

Email Address: mkarczeuski@hotmail.com

Today's Date: 05/08/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber ☐

37160 ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☒ Current copy of State Electrician and/or Plumber License

X **Current copy of State Contractor License,**
No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.
If applicant does not provide state contractor license and states that it is not required please sign here:
_____.

LICENSE FEE: X \$100 if initial application, make checks payable to City of Valley City
 _____ \$50 if renewal application

Paid CK# 304704 5/26/25

RETURN TO: Valley City Auditor
 254 2nd Ave NE
 Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 37160

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SIX K'S, LLC** whose address is in CASSELTON, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

SIX K'S, LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 19, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



SIXKSLL-01

MGRATE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Choice Insurance 4501 23rd Ave S Fargo, ND 58104	CONTACT NAME: Amy Glanzer	
	PHONE (A/C, No, Ext): (701) 551-3280	FAX (A/C, No):
INSURED Six K's LLC dba MNM Construction 168 15th Ave N Casselton, ND 58012	E-MAIL ADDRESS: a.glanzer@insurewithchoice.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Secura Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
22543		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TC3416339	7/17/2024	7/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A3416340	7/17/2024	7/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

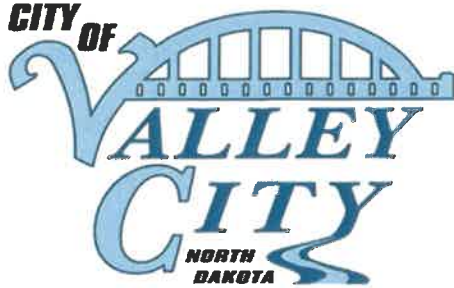
CANCELLATION

City of Valley City
254 2nd Ave NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

2025-357
CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Allstar Construction
Owner: Adam Olson
Mailing Address: 6415 100th Ave. S
City, State Zip Code: Horace, ND 58047
Phone Number: 701-478-7603
Email Address: Shelby.Pierce@AllstarToday.com
Today's Date: 5/5/25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 41350 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

Paid CK#10481 5-26-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

10/1/2025

DATE (MM/DD/YYYY)
09/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies, LLC 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE: (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
INSURED	ALLSTAR CONSTRUCTION RESIDENTIAL 1472540 OPERATING COMPANY, LLC 6415 100TH AVENUE SOUTH HORACE ND 58047	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Crum & Forster Indemnity Company	31348
		INSURER B : James River Insurance Company	12203
		INSURER C : Liberty Insurance Corporation	42404
		INSURER D : Endurance American Specialty Insurance Co.	41718
		INSURER E : Upland Specialty Insurance Company	16988
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: 19941107 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	EB7-641-446306-014	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	138-775902-3	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	00148324-0	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC7-641-446306-024 (MN/WI) WA7-64D-446306-034 (AOS)	10/01/2024 10/01/2024	10/01/2025 10/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	AUTO (\$1Mx\$2M)	N	N	EXT30069708800	10/01/2024	10/01/2025	\$1,000,000 CSL
E	EXCESS AUTO (\$3Mx\$3M)	N	N	USXTL0757624	10/01/2024	10/01/2025	\$3,000,000 CSL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

19941107
City of Valley City
254 2nd Ave NE
Valley City ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

© 1988-2015 ACORD CORPORATION. All rights reserved

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000041350

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Allstar Construction Residential Operating Company, LLC** whose address is in MAPLE PLAIN, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Allstar Construction Residential Operating Company, LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 10, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

10/1/2025

DATE (MM/DD/YYYY)

9/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies, LLC 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED 1472540 ALLSTAR CONSTRUCTION RESIDENTIAL OPERATING COMPANY, LLC 6415 100TH AVENUE SOUTH HORACE ND 58047	INSURER(S) AFFORDING COVERAGE INSURER A: Crum & Forster Indemnity Company INSURER B: James River Insurance Company INSURER C: Liberty Insurance Corporation INSURER D: Endurance American Specialty Insurance Co. INSURER E: Upland Specialty Insurance Company INSURER F:	NAIC # 31348 12203 42404 41718 16988

COVERAGES **CERTIFICATE NUMBER:** 16498971 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	EB7-641-446306-014	10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	138-775902-3	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	00148324-0	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC7-641-446306-024 (MN/WI) WA7-64D-446306-034 (AOS)	10/1/2024 10/1/2024	10/1/2025 10/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	AUTO (\$1Mx\$2M)	N	N	EXT30069708800	10/1/2024	10/1/2025	\$1,000,000 CSL
E	EXCESS AUTO (\$3Mx\$3M)	N	N	USXTL0757624	10/1/2024	10/1/2025	\$3,000,000 CSL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location: 4970 Lincoln Drive, Edina, MN 55436

CERTIFICATE HOLDER

CANCELLATION

16498971
EVIDENCE OF INSURANCE
MN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

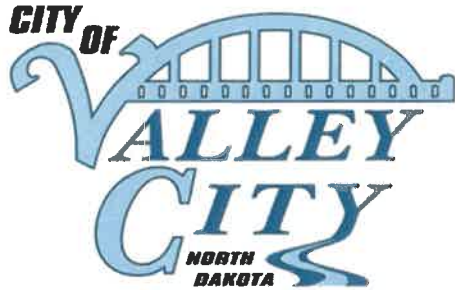
AUTHORIZED REPRESENTATIVE

Joseph M. Agnello

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-243

Elec



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business:

ASAP Electric

Owner:

Allan Pittenger & Shawn Pittenger

Mailing Address:

P.O. Box 402

City, State Zip Code:

Valley City, ND 58072

Phone Number:

(701) 309-0038 Allan (701) 789-1055 Shawn

Email Address:

asap.electric2@outlook.com

Today's Date:

April 24, 2025

Type of License Applying For (check all that apply):

☐ Contractor ☒ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

45959 Electrician _____ Plumber _____ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☒ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

_____. Paid ck# 7465 5-26-25

LICENSE FEE: _____ \$100 if initial application, make checks payable to City of Valley City
 ☒ \$50 if renewal application

RETURN TO:

Valley City Auditor
 254 2nd Ave NE
 Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

CERTIFICATE OF INSURANCE



This certifies that

- ☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- ☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- ☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- ☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder ASAP Electric

Address of policyholder PO Box 402 Valley City, ND 58072

Location of operations _____

Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
94-BM-V260-5 F	Comprehensive Business Liability	09/11/24	09/11/25	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	<input checked="" type="checkbox"/> Products - Completed Operations			Each Occurrence \$ 1,000,000
	<input checked="" type="checkbox"/> Contractual Liability			General Aggregate \$ 2,000,000
	<input checked="" type="checkbox"/> Personal Injury			Products - Completed Operations Aggregate \$ 2,000,000
	<input checked="" type="checkbox"/> Advertising Injury			
	<input type="checkbox"/>			
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
		Effective Date	Expiration Date	Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

City of Valley City

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder _____ days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Tammy Kline

Signature of Authorized Representative
LSA-5 4/24/25
Title Date
Lance Jenison
Agent Name
Telephone Number 701-845-1517

Agent's Code Stamp
Agent Code 6127
AFO Code F188

NORTH DAKOTA STATE
ELECTRICAL BOARD
SINCE 1917
**MASTER LICENSE
EXAM/ND**

Number: M 2711 Expires: April 30, 2026

Issued To: ALLAN PITTENGER
VALLEY CITY, ND 58072

President: Rod Mayer

Secretary: Jon Hoffman

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 45959

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ASAP Electric** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

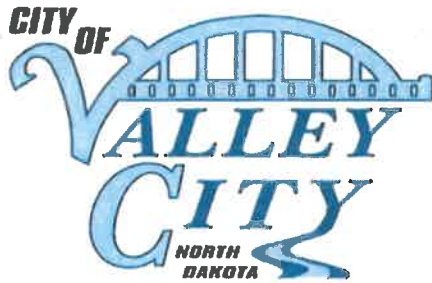
ASAP Electric is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$100,000 in value.

Dated: January 27, 2025

A handwritten signature in cursive script, reading "Michael Howe".

Michael Howe
Secretary of State

2025-395



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Balancing Professionals Inc.
Owner: _____
Mailing Address: 4909 N Lewis Ave
City, State Zip Code: Sioux Falls, SD 57104
Phone Number: 605-336-1823
Email Address: operations@grcontrolsinc.com
Today's Date: 04/30/2025

Type of License Applying For (check all that apply):

 Contractor Electrician Plumber X Mechanical

State License Numbers (provide all that apply):

 Electrician Plumber 53901 A Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

NA Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
 X \$50 if renewal application

Paid CK# 16050 5-19-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 53901

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **BALANCING PROFESSIONALS, INC.** whose address is in SIOUX FALLS, SD, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

BALANCING PROFESSIONALS, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 15, 2025

A handwritten signature in cursive script, reading "Michael Howe".

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Boen & Associates, Inc. 7119 S Lyncrest Place PO Box 89010 Sioux Falls SD 57109-9010	CONTACT NAME: Linda Evans PHONE (A/C, No, Ext): (605) 336-0425 FAX (A/C, No): (605) 336-8187 E-MAIL ADDRESS: linda@boenassociates.com														
INSURED BALANCING PROFESSIONALS INC PO Box 86636 Sioux Falls SD 57118	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: United Fire & Casualty Company</td><td>13021</td></tr><tr><td>INSURER B: First Dakota Indemnity</td><td>10351</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Fire & Casualty Company	13021	INSURER B: First Dakota Indemnity	10351	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: United Fire & Casualty Company	13021														
INSURER B: First Dakota Indemnity	10351														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 24-25 BPI Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		60463680	06/30/2024	06/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		60463680	06/30/2024	06/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		60463680	06/30/2024	06/30/2025	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	N/A	WC020-0007540-2024A	06/30/2024	06/30/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mechanical License

CERTIFICATE HOLDER**CANCELLATION**

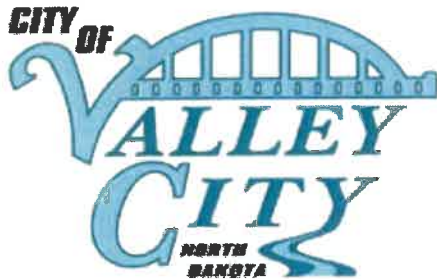
City of Valley City
254 2nd Ave NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-378



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Diesel Dogs Contracting, LLC
Owner: Daniel Kraemer
Mailing Address: PO Box 585
City, State Zip Code: Fargo, ND 58107
Phone Number: 701-235-0181
Email Address: office@dieseldogs.net
Today's Date: 04/24/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 38867 ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

Paid Ck# 36194 5-19-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 38867

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **DIESEL DOGS CONTRACTING, LLC** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

DIESEL DOGS CONTRACTING, LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: March 2, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURE FORWARD 5650 37th Ave S Fargo ND 58104		CONTACT NAME: Kim Rogen PHONE (A/C No, Ext): (701) 293-9540 FAX (A/C, No): (701) 293-3338 E-MAIL ADDRESS: kim.rogen@insureforward.com	
INSURED Diesel Dogs Contracting, LLC PO Box 585 Fargo ND 58107		INSURER(S) AFFORDING COVERAGE INSURER A: Western National Mutual Insurance Co NAIC # 15377 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 25/26 Master **REVISION NUMBER:**

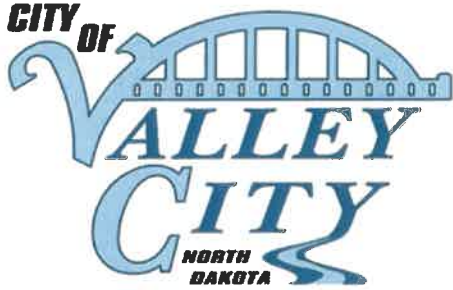
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP1258186	03/01/2025	03/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 19			CPP1257632	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB1043686	03/01/2025	03/01/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	CPP1258186	03/01/2025	03/01/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Valley City 254 2nd Ave NE Valley City ND 58072	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: East + West Excavating
 Owner: Bruce Hoyt / Jeff Jordeheim
 Mailing Address: 268 Main Ave E
 City, State Zip Code: West Fargo, ND 58078
 Phone Number: 701-213-7341 or 701-371-0839
 Email Address: Jordeheimjeff@gmail.com and EW@jsmwood.com
 Today's Date: 4/29/25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 45693 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☒ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application Paid CK# 574 5-19-25

RETURN TO: Valley City Auditor
 254 2nd Ave NE
 Valley City, ND 58072

Phone: (701) 845 – 1700
 Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 45693

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **EAST & WEST EXCAVATING, LLC** whose address is in WEST FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

EAST & WEST EXCAVATING, LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 19, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Jeffrey Jordheim

License Type: Sewer and Water

License Level: Contractor

License No.: 25767

Issue Date: 10/01/2024

Valid Until: 06/30/2025



1110 College Drive Suite 210

Bismarck, ND 58501

701-328-9977

ndplumb@nd.gov

www.ndplumbingboard.gov

Aaron: 701-391-1204 AI: 701-770-3223

Brent: 701-220-4434 Dean: 701-799-1555

Scott: 701-509-7772

Carry this card with you when performing work.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Evergreen Insurance Agency of East Grand Forks MN INC 722 Demers Avenue E Grand Forks MN 56721-	CONTACT NAME: Jason Mack PHONE (A/C, No, Ext): (218)773-4158 E-MAIL: jmack.evergreen@midconetwork.com ADDRESS:	FAX (A/C, No): (218)773-1699
INSURED	East & West Excavating LLC 268 Main Ave E West Fargo ND 58078-0612	INSURER(S) AFFORDING COVERAGE INSURER A: Western National Mutual INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 15377	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP 1317496	08/14/2024	08/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CPP 1317496	08/14/2024	08/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

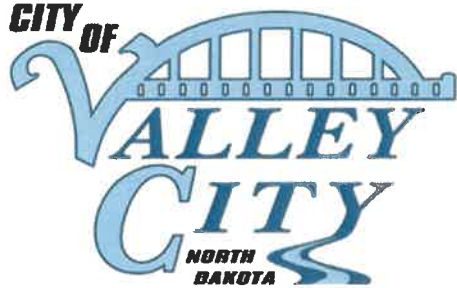
CANCELLATION

AI 015508

City of Valley City, North Dakota 254 2nd Ave NE Valley City ND 58072-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-263

EOL
ELEC

City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business:

FMS Electric LLC

Owner:

Auron Haselen

Mailing Address:

302 W. 7th Ave

City, State Zip Code:

Buffalo, ND 58011

Phone Number:

701-840-0617

Email Address:

a-haselen@hotmail.com

Today's Date:

04/28/25

Type of License Applying For (check all that apply):

☐ Contractor☒ Electrician☐ Plumber☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician☐ Plumber☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☒ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE:

☐ \$100 if initial application, make checks payable to City of Valley City☒ \$50 if renewal application Paid CK# 2193 5-26-25

RETURN TO:

Valley City Auditor
 254 2nd Ave NE
 Valley City, ND 58072

Phone: (701) 845 – 1700

Email: jhintz@valleycity.us



MASTER LICENSE
EXAM/ND

Number: M 3406 **Expires:** April 30, 2026

Issued To: AARON HASELEU
BUFFALO, ND 58011

President: Rod Mayer

Secretary: Jon Hoffman

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000044811

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **FMJ Electric LLC** whose address is in BUFFALO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

FMJ Electric LLC is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$100,000 in value.

Dated: January 17, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cottingham Insurance Agency DDC Inc PO Box 1046 Underwood ND 58576		CONTACT NAME: PHONE (A/C, No, Ext): 701-442-3473 FAX (A/C, No): 701-425-0383 E-MAIL ADDRESS: Info@CottinghamInsurance.com	
INSURED FMJ Electric LLC Aaron Haseleu 302 Wilcox Ave Buffalo ND 58011		INSURER(S) AFFORDING COVERAGE INSURER A: Auto-owners INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18988	

COVERAGES**CERTIFICATE NUMBER:** 20250219090048474**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	77291631	03/25/2025	03/25/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY							
UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$		OCCUR CLAIMS-MADE					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

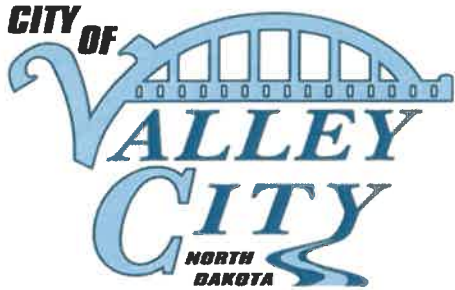
CERTIFICATE HOLDER**CANCELLATION**City of Valley City
254 2nd Ave NE
Valley City ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025 - 315
CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: LaValle Flooring Inc
Owner: Adriana Rivera
Mailing Address: 2517 Main St W Suite B
City, State Zip Code: Valley City, ND 58072
Phone Number: 701 845 9380
Email Address: adriana@lavallooringinc.com
Today's Date: 5/22/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber Class A-52347 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

_____.

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

Paid CK# 3653 on 5-28-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 52347

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **LAVALLE FLOORING INC** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

LAVALLE FLOORING INC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: March 1, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



NORTH DAKOTA
SECRETARY OF STATE
MICHAEL HOWE

MICHAEL HOWE
SECRETARY OF STATE
600 E. BOULEVARD AVENUE, DEPT. 108
BISMARCK, ND 58505-0500
SOS.ND.GOV

LAVALLE FLOORING INC
ADRIANA RIVERA
STE B
2517 W MAIN ST
VALLEY CITY, ND 58072-3027

April 8, 2025

Contractor Amendment Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Amendment Type: Contractor License Amendment

SOS Control ID #: 0002178947

Contractor Name: LAVALLE FLOORING INC

Filing Type: Contractor - Corporation

Received Date: 04/08/2025

Status: Active

Effective Date: 04/08/2025

Image ID: B0788-3728

Receipt ID:

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
Clarity Insurance Team		NAME: David Oltman	
530 Walnut Ave SW		PHONE (A/C, No, Ext): (763) 373-8853	FAX (A/C, No):
St Michael MN 55376		E-MAIL: david@clarityinsuranceteam.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : SECURA INS A MUT CO	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BP3340292	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A3340293	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU3340294	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 PIADV \$ 3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	BP3340292	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

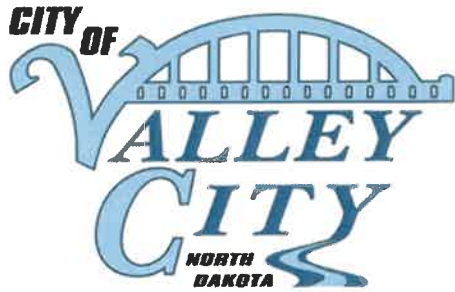
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David Oltman

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-328
CONF



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: MEYER MILK TRANSPORT INC
Owner: RANDIE MEYER CEO
Mailing Address: PO BOX 476
City, State Zip Code: Valley City N.D.
Phone Number: 845-3166 cell- 490-1774
Email Address: ~~XXXX~~ KTRaemeyer@gmail.com
Today's Date: 5-23-25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 30631 ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

_____.

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application Paid CK# 6115 5-22-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 30631

CLASS: B

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MEYER MILK TRANSPORT, INC.** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

MEYER MILK TRANSPORT, INC. is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$500,000 in value.

Dated: February 20, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/04/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURE FORWARD 430 West Main Street Valley City ND 58072	CONTACT NAME: Melissa Schroeder PHONE (A/C, No, Ext): (701) 845-1185 E-MAIL ADDRESS: melissa.schroeder@insureforward.com FAX (A/C, No): (701) 845-1749																					
INSURED Meyer Milk Transport Inc PO Box 476 Valley City ND 58072-0476	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Auto Owners Insurance Co.</td><td>18988</td></tr><tr><td>INSURER B :</td><td>United Financial Casualty Co</td><td>11770</td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Auto Owners Insurance Co.	18988	INSURER B :	United Financial Casualty Co	11770	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Auto Owners Insurance Co.	18988																				
INSURER B :	United Financial Casualty Co	11770																				
INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						

COVERAGES **CERTIFICATE NUMBER:** master 25/26 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			77027941	01/07/2025	01/07/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01047235	08/24/2024	08/24/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ combined single limit \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			N / A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Valley City
PO Box 390

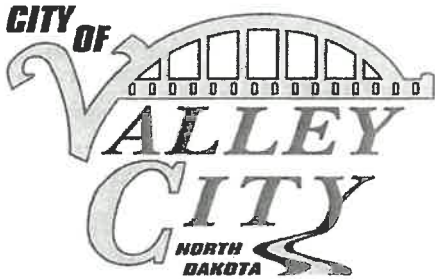
Valley City ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-338



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Montana Dakota Utilities Co.
Owner: MDU Resources
Mailing Address: Box 2214
City, State Zip Code: Jamestown, ND 58401
Phone Number: 701-320-0846
Email Address: eric.nihill@mdu.com
Today's Date: 5-2-2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 32325 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

Paid ck# 373462 5-19-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

MONTANA-DAKOTA UTILITIES CO.

Class A - 32325



Request Certificate

<i>Class Type</i>	Class A
<i>License Num</i>	32325
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2026
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	PO BOX 5650 BISMARCK, ND 58506-5650
<i>Standing - Other</i>	Good
<i>Standing - WSI</i>	Good
<i>Standing - Job Service</i>	Good
<i>Standing - Business</i>	Good
<i>Business Phone</i>	(701) 530-1066
<i>Registration Date</i>	03/23/1955
<i>Certification of Liability Insurance Expiration Date</i>	01/01/2026



View History



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 Attn: MDU.CertRequest@marsh.com	CONTACT NAME: Marsh U.S. Operations PHONE [A/C, No, Ext]: 866-966-4664 E-MAIL ADDRESS: MDU.CertRequest@marsh.com FAX [A/C, No]: 212-948-5382
CN102299309-MDUSI-WXP-25-26	INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : Associated Electric & Gas Ins Services Ltd INSURER C : INSURER D : Liberty Insurance Corporation INSURER E : INSURER F :
INSURED Montana-Dakota Utilities Co. 400 North 4th Street Bismarck, ND 58501	NAIC # 3190004 42404

COVERAGES**CERTIFICATE NUMBER:**

CHI-010775999-06

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:		XL5063414P Excess General Liability \$1,000,000 Self-Insured Retention	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>		XL5063414P Excess Auto Liability \$1,000,000 Self-Insured Retention	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB OCCUR <input type="checkbox"/> X EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED RETENTION \$		XL5063414P	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC7-641-005097-035 (MN) WA7-64D-005097-015 (AOS) "INCLUDES "STOP GAP""	01/01/2025 01/01/2025	01/01/2026 01/01/2026	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Excavation for installation of gas service.

Excess liability applies to general liability, products and completed operations, automobile liability, and employers liability.

CERTIFICATE HOLDER**CANCELLATION**The City of Valley City
PO Box 390
Valley City, ND 58072

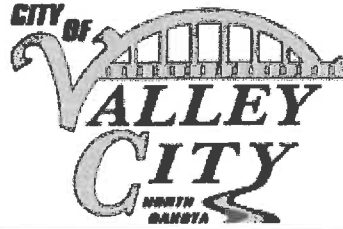
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

May 12, 2025

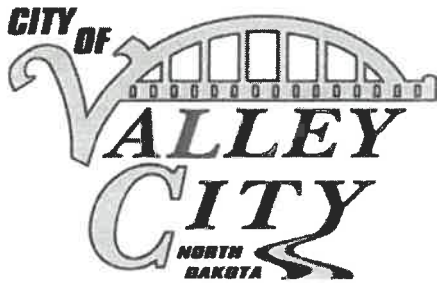
Montana Dakota Utilities Co.
Box 2216
Jamestown, ND 58401

2025-26 Contractor License Renewal Fee

STATEMENT	
2025-26 Contractor License Renewal Fee	\$50.00
	\$0.00
	\$0.00
Total Due to the City of Valley City	\$50.00

Thank you!

Please remit to:
City of Valley City
254 2nd Ave NE
Valley City, ND 58072



**City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)**

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business:	NOVA Fire Protection
Owner:	Nick Evans
Mailing Address:	1424 44th St N
City, State Zip Code:	Fargo, ND 58102
Phone Number:	701-282-0268
Email Address:	ap@novafire.com
Today's Date:	05/01/2025

Type of License Applying For *(check all that apply):*

X Contractor _____ Electrician _____ Plumber _____ Mechanical

State License Numbers *(provide all that apply):*

Electrician _____ Plumber _____ 33456 Class A Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

✓ **Certificate of Liability Insurance, City of Valley City as certificate holder**

Current copy of State Electrician and/or Plumber License

☒ **Current copy of State Contractor License,**

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: _____ \$100 if initial application, make checks payable to City of Valley City
 X _____ \$50 if renewal application *Paid CK # 165881 on 9/1/18*

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Dawson Insurance, a Marsh & McLennan Agency LLC company 505 Broadway North, Suite 100 Fargo ND 58102	CONTACT NAME: Jenaah Nyhof	FAX (A/C, No): 701-232-4442	
	PHONE (A/C, No, Ext): 701-237-3311	E-MAIL ADDRESS: jenaah.nyhof@marshmma.com	
INSURED Nova Fire Protection, Inc. 1424 44th St N. Fargo ND 58102	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Phoenix Insurance Company		25623
	INSURER B: Travelers Indemnity Company of CT		25682
	INSURER C: Travelers Property Casualty Co of Amer		25674
	INSURER D: Charter Oak Fire Insurance Company		25615
	INSURER E:		
INSURER F:			

COVERAGES	CERTIFICATE NUMBER: 518583234	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CO8M677741	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			8108M667262	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP8M725386	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N Y N/A			UB8M667194	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER ND StopGap E.L. E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation Floater Equipment Floater			6603N802471	1/1/2025	1/1/2026	Limit at Location \$100,000 Leased/Rented Limit \$100,000 Equipment Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation policy applies in AZ, CO, MN, MT, NE, OR, and SD. Workers Compensation policy includes North Dakota StopGap Employer's Liability coverage. Workers Compensation Coverage excludes Mike Evans and Nick Evans as relates to AZ, CO, OR, and MN.
Certificate holder and others required by written contract are included as additional insured on the General Liability policy per form CGD604 (coverage applies to ongoing and completed operations if required in written contract, and is primary/noncontributory per form CGT1000) and on the Automobile policy per form CAT353 when required by written contract. Coverage is primary and non-contributory. Waivers of subrogation apply on the General Liability policy per form CGD316, on the Automobile policy per form CAT353 and on the Workers Compensation policy when required by written contract. Additional Insured status on a primary and non-contributory basis and waiver of subrogation on the umbrella policy follow form of underlying policies when required by written contract.

CERTIFICATE HOLDER City of Valley City 254 2nd Ave NE Valley City ND 58072	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 33456

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **NOVA FIRE PROTECTION, INC.** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

NOVA FIRE PROTECTION, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: March 1, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

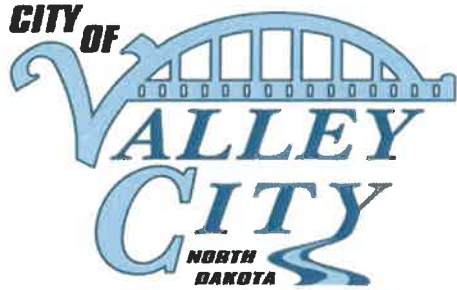
The North Dakota Secretary of State verifies that:

NOVA FIRE PROTECTION, INC.

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2026 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 33456

2025-329
CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Rollie's Remodeling
Owner: Rollie Hochstetler
Mailing Address: 841 3rd Ave NW
City, State Zip Code: Valley City, ND 58072
Phone Number: (701) 840-8078
Email Address: rollie.hochstetler@gmail.com
Today's Date: 5-13-25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 000046128 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

_____.

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

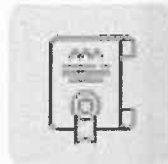
Paid CK# 7844 5-20-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

ROLLIE'S REMODELING

Class D - 000046128



Request Certificate

<i>Class Type</i>	Class D
<i>License Num</i>	000046128
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2026
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	841 3RD AVE NW VALLEY CITY, ND 58072-2542
<i>Standing - Other</i>	Good
<i>Standing - WSI</i>	Good
<i>Standing - Job Service</i>	Good
<i>Standing - Business</i>	Good
<i>Business Phone</i>	(701) 840-8078
<i>Registration Date</i>	01/11/2022
<i>Certification of Liability Insurance Expiration Date</i>	04/14/2026



ROLLREM-01

SPETERSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Dacotah Insurance PO Box 997 240 3rd St NW Valley City, ND 58072	CONTACT NAME: PHONE (A/C, No, Ext): (701) 845-6870 E-MAIL ADDRESS: insurance@dacotahbank.com FAX (A/C, No): (701) 845-0781
INSURED Rollies Remodeling Rollie Hochstetler 841 3rd Ave NW Valley City, ND 58072	INSURER(S) AFFORDING COVERAGE INSURER A : Acuity INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 14184

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			K05230	4/14/2025	4/14/2026	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

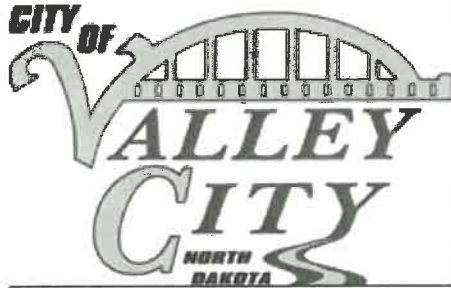
CANCELLATION

City of Valley City
254 2nd Ave NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

2025-368
CONF



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Sheyenne Concrete LLC

Owner: Sheyenne Tooling & Mfg.

Mailing Address: 701 Lenham Ave SW

City, State Zip Code: Cooperstown ND 58425

Phone Number: 701-799-9086

Email Address: teggert@sheyennemfg.com

Today's Date: 5/11/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

 Electrician Plumber Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ **Certificate of Liability Insurance, City of Valley City as certificate holder**

☐ **Current copy of State Electrician and/or Plumber License**

☒ **Current copy of State Contractor License,**

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

_____.

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application *Paid CK# 1092 5-19-25*

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000050438

CLASS: B

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Sheyenne Concrete LLC** whose address is in COOPERSTOWN, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Sheyenne Concrete LLC is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$500,000 in value.

Dated: March 5, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh McLennan Agency
505 Broadway North, Suite 100
Fargo ND 58102

CONTACT
NAME: Shelly Manske
PHONE (A/C, No, Ext): 701-237-3311 FAX (A/C, No): 701-232-4442
E-MAIL ADDRESS: Shelly.Manske@MarshMMA.com

INSURED
Sheyenne Concrete LLC
701 Lehman Ave SW
Cooperstown ND 58425

SHEYENCONC1

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Secura Insurance, A Mutual Company	22543
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 668119218**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CP3434327	4/3/2025	4/3/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA3434328	4/3/2025	4/3/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CU3434329	4/3/2025	4/3/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Valley City
254 2nd Ave NE
Valley City ND 58072

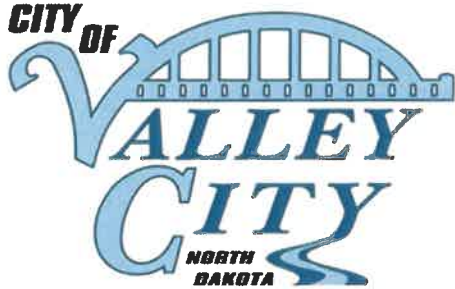
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-410
CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Steamatic
Owner: Marcus Benoit
Mailing Address: 4051 Gateway Drive
City, State Zip Code: Grand Forks, ND 58203
Phone Number: 701-746-1856
Email Address: p.o.l.m.stead@steamaticrrv.com (Accounting)
Today's Date: 5/19/25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber ☒ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application Paid CK# 20072 5-26-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



STEAFT-01

KVANSANT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Vaaler Insurance, A Marsh & McLennan Agency LLC Company PO Box 12848 Grand Forks, ND 58208-2848	CONTACT NAME: Kelly Burd PHONE (A/C, No, Ext): (701) 775-3131 2032 E-MAIL ADDRESS: Kelly.Burd@MarshMMA.com FAX (A/C, No): (701) 775-4020														
INSURED Benoit Corporation DBA Steamatic of the Red River Valley Custom Services LLP 4051 Gateway Drive Grand Forks, ND 58203-0833	<table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A : Cincinnati Insurance Company</td><td>10677</td></tr><tr><td>INSURER B : The Cincinnati Indemnity Company</td><td>23280</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : The Cincinnati Indemnity Company	23280	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Cincinnati Insurance Company	10677														
INSURER B : The Cincinnati Indemnity Company	23280														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$250 PD Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			EPP0185611	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND STOP GAP \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EPP0185611	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0185611	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EWC0371780 (MN)	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Contractor License

CERTIFICATE HOLDER

CANCELLATION

City of Valley City
254 2nd Ave NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 45058

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **BENOIT CORPORATION** whose address is in GRAND FORKS, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

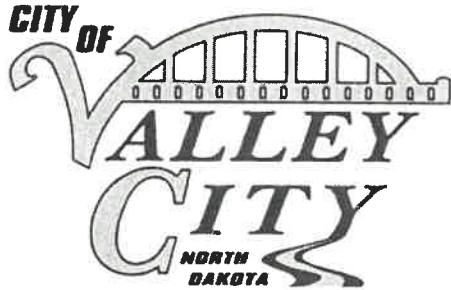
BENOIT CORPORATION is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 15, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

2025 - 259



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 -- May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Wrigley Mechanical, Inc.
Owner: Blake H. Wrigley
Mailing Address: P O Box 1516
City, State Zip Code: Fargo, ND 58107
Phone Number: 701-277-8570
Email Address: ljohnson@wrigleymechanical.com
Today's Date: 4-24-25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☒ Plumber ☒ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber ☒ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☒ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
X \$50 if renewal application Paid CK# 106451 5-19-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 - 1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh & McLennan Agency LLC
505 Broadway North, Suite 100
Fargo ND 58102

CONTACT NAME: Jennifer Gates, CISR, CRIS

PHONE
(A/C, No, Ext): 701-237-3311

FAX
(A/C, No): 701-232-4442

E-MAIL ADDRESS: Jennifer.Gates@MarshMMA.com

INSURED
Wrigley Mechanical Inc
4102 15th Ave N
PO Box 1516
Fargo ND 58107

WRIGLMECHA1

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Western National Assurance Company

24465

INSURER B: Western National Mutual Insurance Co

24465

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 805209268

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 <input checked="" type="checkbox"/> XCU & Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP1265953	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CPP1265952	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB1044969	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			WCV1034613	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation Floater Inland Marine			CPP1265954	7/1/2024	7/1/2025	Jobsite Limit \$1,000,000 Leased/Rented Equip: \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation coverage applies in Minnesota, South Dakota, Iowa and Montana.

CERTIFICATE HOLDER

CANCELLATION

City of Valley City
254 2nd Ave NE
Valley City ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 2222

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **WRIGLEY MECHANICAL, INC.** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

WRIGLEY MECHANICAL, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 5, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Blake Wrigley

License Type: Plumber

License Level: Master

License Number: 1583

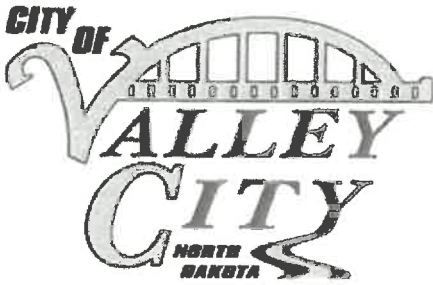
Issue Date: 10/12/2015

Valid Until: 12/31/2025



2025-421

P16



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Your Home Improvement Company

Owner: _____

Mailing Address: 614 2nd Street South

City, State Zip Code: Waite Park MN 56387

Phone Number: 320.434.1023

Email Address: YHIC.licensing@yhic.com

Today's Date: 5.2.2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☒ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

_____Electrician 2324 Plumber 43599-C Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: _____ \$100 if initial application, make checks payable to City of Valley City
 ☒ \$50 if renewal application \$25.00 *Renew fee - Judi*

RETURN TO: Valley City Auditor
 254 2nd Ave NE
 Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

Paid ck# 62781

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 43599

CLASS: C

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **YOUR HOME IMPROVEMENT COMPANY, LLC** whose address is in WAITE PARK, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

YOUR HOME IMPROVEMENT COMPANY, LLC is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$300,000 in value.

Dated: January 13, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

YOUR HOME IMPROVEMENT COMPANY, LLC

is the holder of a North Dakota Class C Contractor License
which is in force until March 1, 2026 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 43599



License Lookup

Active License Information

If you require further information, please call the North Dakota State Board office at 701-328-9977.

License Search

Type

All Types



Randall Mord

Master Plumber
License # 2324

Issued	04/17/2023
Expires	12/31/2025
Status	Valid

Lic

Licer

Appli

2025

Licer

Plum

Sewe

Wate

Certi



GREADAY-01

JSCHLICHTING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Schauer Group, Inc. 200 Market Ave. N Suite 100 Canton, OH 44702	CONTACT NAME: PHONE (A/C, No, Ext): (330) 453-7721 FAX (A/C, No): (330) 453-4911 E-MAIL ADDRESS: insure@schauergroup.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance Co. INSURER B: Indemnity National Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Your Home Improvement Company 614 2nd St S Waite Park, MN 56387	NAIC # 23043 18468

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		TB2-631-510837-025	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AS2-631-510837-015	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XS000115825	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WA5-63D-510837-035	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Comp Covered States: AL AZ CA CO CT FL GA IA ID IL IN KS KY MA MD MI MN MO MS MT NC NE NH NM NJ NY NV OK OR PA RI SC SD TN TX UT VA WI WV and all other states except OH ND WA WY.

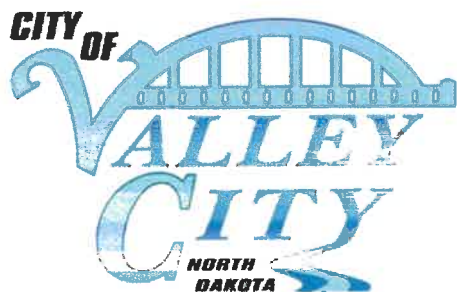
CERTIFICATE HOLDER

CANCELLATION

City of Valley City
254 2nd Ave NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



City of Valley City, North Dakota
Application for
 Contractor, Electrician, Plumber and/or
 Mechanical Contractor License(s)

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Ace Plumbing
 Owner: Stephen Skiles
 Mailing Address: 434 Viking Drive
 City, State Zip Code: Valley City, ND 58072
 Phone Number: 701-840-7714
 Email Address: SKiles333@gmail.com
 Today's Date: 5-29-25

Type of License Applying For (check all that apply):

☐ Contractor ☐ Electrician ☒ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician 0914 ☐ Plumber ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☐ Certificate of Liability Insurance, City of Valley City as certificate holder

☒ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

_____.

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

Paid CK# 2980 on 5/29/25

RETURN TO: Valley City Auditor
 254 2nd Ave NE
 Valley City, ND 58072

Phone: (701) 845 - 1700
 Email: jhintz@valleycity.us



1110 College Drive Suite 210 | Bismarck, ND 58501
701-328-9977 | 701-328-9979 (fax)
ndplumb@nd.gov | www.ndplumbingboard.gov

Stephen Skiles
434 Viking Drive
Valley City ND, 58072

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Stephen Skiles
License Type: Plumber
License Level: Master
License Number: 0414
Issue Date: 5/27/2004
Valid Until: 12/31/2025



1110 College Drive Suite 210
Bismarck, ND 58501
701-328-9977
ndplumb@nd.gov
www.ndplumbingboard.gov

Aaron: 701-391-1204
Brent: 701-220-4434
Scott: 701-509-7772

Al: 701-770-3223
Dean: 701-799-1555

Carry this card with you when performing work.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Melissa Schroeder
INSURE FORWARD	PHONE (A/C, No, Ext): (701) 845-1185 FAX (A/C, No): (701) 845-1749
430 West Main Street	E-MAIL ADDRESS: melissa.schroeder@insureforward.com
Valley City ND 58072	INSURER(S) AFFORDING COVERAGE
	INSURER A: North Star Mutual Insurance Co NAIC # 14850
INSURED	INSURER B:
Stephen Skiles DBA: Ace Plumbing	INSURER C:
434 Viking Dr	INSURER D:
Valley City ND 58072	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: master 25/26

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			CM49574	01/09/2025	01/09/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

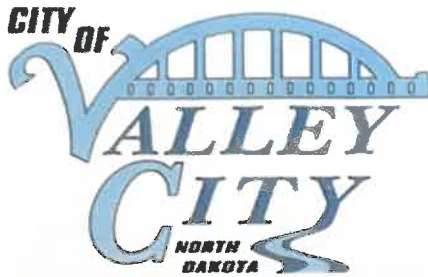
CERTIFICATE HOLDER

CANCELLATION

City of Valley City PO Box 390 Valley City ND 58072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-339 CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Vanterra Foundation Solutions, LLC dba Safe Basements of MN, LLC
Owner: Vanterra Holdings, LLC
Mailing Address: 60335 US Highway 12
City, State Zip Code: Litchfield, MN 55355
Phone Number: 844-554-2367
Email Address: hmacdonald@licensesure.biz
Today's Date: 05/06/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 53335 ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

Paid CK#4741 5-29-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845-1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco CA 94111	CONTACT NAME: WS Certificates	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 844-972-6326	E-MAIL ADDRESS: certificates@woodruffssawyer.com	
INSURED Vanterra Foundation Solutions, LLC 12870 W Alameda Parkway Lakewood, CO 80228	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Insurance Company		16535
	INSURER B: Knight Specialty Insurance Company		15366
	INSURER C: Bowhead Specialty Underwriters, Inc.		
	INSURER D: Ascot Insurance Company		23752
	INSURER E:		
INSURER F:			

License#: 0329598
SAFEHOL-01**COVERAGES****CERTIFICATE NUMBER:** 2036843398**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		TMKS0048400	5/17/2024	6/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BAP040283402	5/17/2024	7/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$ 1,000/\$1,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CXP00563302	5/17/2024	7/17/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A	WC125-9001396	5/17/2025	7/17/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured includes:
Stable Buyer Parent, LP
Vanterra Holdings, LLC
Vanterra Manufacturing, LLC
Vanterra Real Estate, LLC
Vanterra Foundation Solutions, LLC
VFS dba SafeBasements
VFS dba Anchored Walls
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Valley City Auditor
254 2nd Ave., NE
Valley City, ND 58072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



NORTH DAKOTA
SECRETARY OF STATE
MICHAEL HOWE

MICHAEL HOWE
SECRETARY OF STATE
600 E. BOULEVARD AVENUE, DEPT. 108
BISMARCK, ND 58505-0500
SOS.ND.GOV

Patricia Harris
801 SECOND AVENUE 15TH FLOOR
NEW YORK, NY 10017

05/27/2025

Receipt Detail

Receipt ID: 3358329

Receipt Total: \$450.00

Item	Description	Check/Ref #	Image ID	Fee	#	Total
Contractor License Registration	Vanterra Foundation Solutions, LLC	0007082995		\$450.00	1	\$450.00
Payment - Credit Card (web)	Patricia Harris - 801 Second Avenue 15th Floor, New York, NY 10017	AH1P5C64B9CF				(\$450.00)
				Balance:		\$0.00

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 53335

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SAFEBASEMENTS OF MINNESOTA, LLC** whose address is in LITCHFIELD, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2025, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

SAFEBASEMENTS OF MINNESOTA, LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 28, 2024

A handwritten signature in black ink that reads "Michael Howe".

Michael Howe
Secretary of State



May 28, 2025

VIA FedEx

City of Valley City
254 2nd Ave NE
Valley City, ND 58072

Vanterra Foundation Solutions, LLC

To Whom it May Concern:

I am writing to submit a 2025 Renewal on behalf of Vanterra Foundation Solutions, LLC. In connection with this submission, I have included the completed Application, a Certificate of Insurance, a copy of the current North Dakota Contractor's License, Proof of Payment for a new Contractor's License, and a check made out to the City of Valley City for Fifty Dollars and 0/100 Cents (\$50.00).

If you have any questions, please feel free to contact me by phone at (844) 554-2367 or email at hmacdonald@licensesure.biz. Thank you for your attention to this matter.

* We have submitted our documents
to update the state license - license
attached + proof of submission included.
Please contact me at:

hmacdonald@licensesure.biz
or: 615-879-5384

Thank you!

Sincerely,

A handwritten signature in dark ink, appearing to read "Holly Macdonald", with a long, sweeping horizontal line extending from the end of the name.

Holly Macdonald
Paralegal | LicenseSure, LLC



925 10th Avenue East
Suite 1
West Fargo, ND 58078
P: 701.282.4692
F: 701.282.4530



May 28, 2025

Gwen Crawford
City Administrator
City of Valley City
254 2nd Avenue NE
Valley City, ND 58072

RE: Geotechnical Proposal
NW Water Tower Project
Moore Project No. 24611

Dear Ms. Crawford,

Moore Engineering requested geotechnical proposals for the NW Water Tower Project for the City of Valley City. We summarized the proposed work, schedules, services and fees of each firm and ranked them according to the lowest to highest fee, the ranking follows.

Rankings of geotechnical proposals received for the NW Water Tower Project:

- 1) American Engineering Testing: schedule +/-6 weeks – fee of \$9,200.00.
- 2) Terracon: schedule +/-6 weeks – adjusted fee of \$10,000.00.
 - a. Fee adjusted for one soil boring to 80' depth to match other proposals.
- 3) Braun Intertec: schedule +/-8 weeks – fee of 15,500.00.

It is our recommendation to the City of Valley City to award a contract to American Engineering Testing for the proposed fee of \$9,200.00.

Sincerely,

Tracy D. Eslinger, PE
Senior Project Manager

Attachments: Geotechnical Proposals

CC: Chad Petersen, KLJ

CONTRACT FOR SERVICES

This Contract is entered into between the **CITY OF VALLEY CITY**, a municipal corporation of the State of North Dakota, 254 2nd Ave N.E., Valley City, North Dakota 58072 (hereinafter called "City") and **COLE MINDT**, 226 2nd Street NW, Valley City, North Dakota 58072 (hereinafter called "Contractor").

WHEREAS, the City desires to abate nuisances including weeds or grass exceeding six inches in length, or other unhealthful growths or noxious matter that may be growing on private property within the city during the growing season;

WHEREAS, Contractor operates a groundskeeping business and is willing to perform work requested by City;

WHEREAS, the above referenced parties have negotiated the terms and conditions of a Contract for groundskeeping services within the City of Valley City;

NOW, THEREFORE, the parties do hereby agree, in consideration of the covenants hereinafter set forth, as follows:

- 1. Term of Contract.** Contractor will provide services, seasonally, from May 1, 2025, to the end of the 2027 growing season. Thereafter, this contract will automatically renew on an annual basis unless notice of termination is provided by either party at the end of the initial term or a renewal term. However, in no event may this agreement extend beyond the end of the 2029 growing season, at which time the City will request new quotes for the services described herein.
- 2. Obligations and Covenants of City.**
 - A. Payments for services:
 - (1) The City will pay Contractor \$80 an hour for work performed.
 - (2) Payment will be made within 30 days of receipt of Contractor's invoice.
- 3. Obligations and Covenants of Contractor.**
 - A. Contractor will provide groundskeeping services consisting of mowing and weed trimming on properties identified by and at a frequency determined by the City Code Enforcement Officer.
 - B. Contractor will submit a detailed invoices to the Office of the Finance Director at City Hall, which will provide at a minimum dates and times that work was performed.
 - C. Contractor will provide and maintain general liability insurance coverage appropriate for

the services provided and must include the City as an additional insured thereunder and provide the City with a certificate of such insurance.

- D. Contractor will indemnify and hold the City harmless from and against all liabilities, damages, costs, claims, suits or actions, whether for injuries to Contractor or other persons, or loss of life, or damage to property, resulting from the groundskeeping operation including the use and operation of equipment.
- E. Contractor agrees that it shall make no individual claims whatsoever against any elected official, appointed official, authorized representative, agent or employee of the City for, or on account of, anything done or omitted to be done in connection with the Contract.
- F. Contractor warrants that it will not subcontract or otherwise hire or request other persons to perform Contractor's work without express written permission of the City.
- G. Contractor will supply all equipment and fuel.

4. General Provisions.

- A. Work is not guaranteed. Total hours of work will vary based on property owners' compliance with City ordinances.
- B. The City maintains a Drugfree Workplace. Sale, distribution, possession, use or being under the influence of alcohol and/or drugs at the workplace poses a serious threat to the health and safety of employees and to the City, and independent contractors performing work in or on city property are prohibited from engaging in these acts. The City will take appropriate action based on reasonable suspicion of a violation of this provision.
- C. The City is an Equal Opportunity Employer. No person shall be denied access to any program or activity of the City on the bases of sex, age, race, color, national origin, mental or physical disability, or religion.
- D. Smoking is not permitted on or within 20 feet of City property at any time.
- E. The City may terminate the Contract for any reason with 30 days' prior written notice. In the event of non-performance, breach or default of the Agreement, the City may in its sole discretion terminate the Contract immediately. Outstanding payments for services due to Contractor at the time of termination will be paid unless said services have been deemed by the City to constitute the basis for the non-performance, breach or default. Examples of non-performance, default or breach include but are not limited to:

- a. Missing a scheduled mowing date unless the City is notified in advance and the work is performed within a reasonable time thereafter.
- b. Failure to fully comply with all the provisions, terms, specifications and requirements of the Contract.
- c. Dishonesty, theft, criminal act(s) or other such action(s) by the Contractor and/or employees or agents of the Contractor.
- d. Failure to provide an excellent level of service after notification by the City.
- E. This Contract is not assignable by either party hereto.
- F. This Contract supersedes all prior contracts between the parties with respect to its subject matter and constitutes a complete statement of the terms of the negotiated agreement between the parties, except for specific references to other agreements or contracts contained herein.

Dated this _____ day of _____, 2025.

CITY OF VALLEY CITY

CONTRACTOR

Gwen Crawford
City Administrator

Cole Mindt

Attest:

Brenda Klein, Finance Director

CONTRACT FOR SERVICES

This Contract is entered into between the **CITY OF VALLEY CITY**, a municipal corporation of the State of North Dakota, 254 2nd Ave N.E., Valley City, North Dakota 58072 (hereinafter called "City") and **JOHNNY B'S TREES AND SERVICE**, PO Box 211, Valley City, North Dakota 58072 (hereinafter called "Contractor").

WHEREAS, the City desires to abate nuisance trees and shrubs that may be growing on private property within the city during the growing season;

WHEREAS, Contractor operates a tree trimming and removal business and is willing to perform work requested by City;

WHEREAS, the above referenced parties have negotiated the terms and conditions of a Contract for tree services within the City of Valley City;

NOW, THEREFORE, the parties do hereby agree, in consideration of the covenants hereinafter set forth, as follows:

1. Term of Contract. Contractor will provide services from May 1, 2025, to December 31, 2027. Thereafter, this contract will automatically renew on an annual basis unless notice of termination is provided by either party at the end of the initial term or a renewal term. However, in no event may this agreement extend beyond the end of calendar year 2029, at which time the City will request new quotes for the services described herein.

2. Obligations and Covenants of City.

A. Payments for services:

(1) The City will pay Contractor as follows:

- i. \$200 an hour for Bucket Truck including Operator;
- ii. \$200 an hour for All Wheel Street Loader & High-Capacity Grapple including Operator;
- iii. \$200 an hour for Caterpillar 910 Wheel Loader
- iv. \$300 an hour for Stump Grinder including Operator
- v. \$150 and hour for Dump Trailer or Dump Truck

(2) Maximum cost per hour will not exceed \$500 an hour for jobs that require multiple people and pieces of equipment.

(3) Minimum cost to be paid for a job is \$350 an hour.

(4) Payment will be made within 30 days of receipt of Contractor's invoice.

3. Obligations and Covenants of Contractor.

- A. Contractor will provide tree services consisting of trimming trees and shrubs in accordance with City ordinances, and removing trees, shrubs and stumps that are dead, dying, diseased and/or infested, on properties identified by and at a frequency determined by the City Forester.
- B. Contractor will perform work within seven days of receipt of a request from the City.
- C. Contractor will submit detailed invoices to the Office of the Finance Director at City Hall, which will provide at a minimum dates and times that work was performed.
- D. Contractor will provide and maintain general liability insurance coverage appropriate for the services provided and must include the City as an additional insured thereunder and provide the City with a certificate of such insurance.
- E. Contractor will indemnify and hold the City harmless from and against all liabilities, damages, costs, claims, suits or actions, whether for injuries to Contractor or other persons, or loss of life, or damage to property, resulting from the groundskeeping operation including the use and operation of equipment.
- F. Contractor agrees that it shall make no individual claims whatsoever against any elected official, appointed official, authorized representative, agent or employee of the City for, or on account of, anything done or omitted to be done in connection with the Contract.
- G. Contractor warrants that it will not subcontract or otherwise hire or request other persons to perform Contractor's work without express written permission of the City.
- H. Contractor will supply all equipment and fuel.

4. General Provisions.

- A. Contractor acknowledges that this Contract is not exclusive and the City reserves the right to use other service providers that were qualified through the City's bidding process to perform the work described herein.
- B. Work is not guaranteed. Total hours of work will vary based on property owners' compliance with City ordinances.
- C. The City maintains a Drugfree Workplace. Sale, distribution, possession, use or being under the influence of alcohol and/or drugs at the workplace poses a serious threat to the health and safety of employees and to the City, and independent contractors performing work in or on city property are prohibited from engaging in these acts. The City will take appropriate action based on reasonable suspicion of a violation of this provision.

- D. The City is an Equal Opportunity Employer. No person shall be denied access to any program or activity of the City on the bases of sex, age, race, color, national origin, mental or physical disability, or religion.
- E. Smoking is not permitted on or within 20 feet of City property at any time.
- F. The City may terminate the Contract for any reason with 30 days' prior written notice. In the event of non-performance, breach or default of the Agreement, the City may in its sole discretion terminate the Contract immediately. Outstanding payments for services due to Contractor at the time of termination will be paid unless said services have been deemed by the City to constitute the basis for the non-performance, breach or default. Examples of non-performance, default or breach include but are not limited to:
- a. Missing a scheduled job unless the City is notified in advance and the work is performed within a reasonable time thereafter.
 - b. Failure to fully comply with all the provisions, terms, specifications and requirements of the Contract.
 - c. Dishonesty, theft, criminal act(s) or other such action(s) by the Contractor and/or employees or agents of the Contractor.
 - d. Failure to provide an excellent level of service after notification by the City.
- E. This Contract is not assignable by either party hereto.
- F. This Contract supersedes all prior contracts between the parties with respect to its subject matter and constitutes a complete statement of the terms of the negotiated agreement between the parties, except for specific references to other agreements or contracts contained herein.

Dated this _____ day of _____, 2025.

CITY OF VALLEY CITY

JOHNNY B'S TREES AND SERVICE

Gwen Crawford
City Administrator

John Borg

Attest:

Brenda Klein, Finance Director

CONTRACT FOR SERVICES

This Contract is entered into between the **CITY OF VALLEY CITY**, a municipal corporation of the State of North Dakota, 254 2nd Ave N.E., Valley City, North Dakota 58072 (hereinafter called "City") and **GROUND TO SKY TREE SERVICE**, 246 10th Avenue SW, Valley City, North Dakota 58072 (hereinafter called "Contractor").

WHEREAS, the City desires to abate nuisance trees and shrubs that may be growing on private property within the city during the growing season;

WHEREAS, Contractor operates a tree trimming and removal business and is willing to perform work requested by City;

WHEREAS, the above referenced parties have negotiated the terms and conditions of a Contract for tree services within the City of Valley City;

NOW, THEREFORE, the parties do hereby agree, in consideration of the covenants hereinafter set forth, as follows:

1. Term of Contract. Contractor will provide services from May 1, 2025, to December 31, 2027. Thereafter, this contract will automatically renew on an annual basis unless notice of termination is provided by either party at the end of the initial term or a renewal term. However, in no event may this agreement extend beyond the end of calendar year 2029, at which time the City will request new quotes for the services described herein.

2. Obligations and Covenants of City.

A. Payments for services:

(1) The City will pay Contractor as follows:

- i. \$100 an hour for skilled cutting to include lift work, tree felling, or climbing;
- ii. \$65 an hour for ground work, rigging, skidsteer, and hauling/driving dump trailers.

(2) Payment will be made within 30 days of receipt of Contractor's invoice.

3. Obligations and Covenants of Contractor.

A. Contractor will provide tree services consisting of trimming trees and shrubs in accordance with City ordinances, and removing trees, shrubs and stumps that are dead, dying, diseased and/or infested, on properties identified by and at a frequency determined by the City Forester.

- B. Contractor will perform work within seven days of receipt of a request from the City.
- C. Contractor will submit detailed invoices to the Office of the Finance Director at City Hall, which will provide at a minimum dates and times that work was performed.
- D. Contractor will provide and maintain general liability insurance coverage appropriate for the services provided and must include the City as an additional insured thereunder and provide the City with a certificate of such insurance.
- E. Contractor will indemnify and hold the City harmless from and against all liabilities, damages, costs, claims, suits or actions, whether for injuries to Contractor or other persons, or loss of life, or damage to property, resulting from the groundskeeping operation including the use and operation of equipment.
- F. Contractor agrees that it shall make no individual claims whatsoever against any elected official, appointed official, authorized representative, agent or employee of the City for, or on account of, anything done or omitted to be done in connection with the Contract.
- G. Contractor warrants that it will not subcontract or otherwise hire or request other persons to perform Contractor's work without express written permission of the City.
- H. Contractor will supply all equipment and fuel.

4. General Provisions.

- A. Contractor acknowledges that this Contract is not exclusive and the City reserves the right to use other service providers that were qualified through the City's bidding process to perform the work described herein.
- B. Work is not guaranteed. Total hours of work will vary based on property owners' compliance with City ordinances.
- C. The City maintains a Drugfree Workplace. Sale, distribution, possession, use or being under the influence of alcohol and/or drugs at the workplace poses a serious threat to the health and safety of employees and to the City, and independent contractors performing work in or on city property are prohibited from engaging in these acts. The City will take appropriate action based on reasonable suspicion of a violation of this provision.
- D. The City is an Equal Opportunity Employer. No person shall be denied access to any program or activity of the City on the bases of sex, age, race, color, national origin, mental or physical disability, or religion.
- E. Smoking is not permitted on or within 20 feet of City property at any time.
- F. The City may terminate the Contract for any reason with 30 days' prior written notice. In the event of non-performance, breach or default of the Agreement, the City

may in its sole discretion terminate the Contract immediately. Outstanding payments for services due to Contractor at the time of termination will be paid unless said services have been deemed by the City to constitute the basis for the non-performance, breach or default. Examples of non-performance, default or breach include but are not limited to:

- a. Missing a scheduled job unless the City is notified in advance and the work is performed within a reasonable time thereafter.
- b. Failure to fully comply with all the provisions, terms, specifications and requirements of the Contract.
- c. Dishonesty, theft, criminal act(s) or other such action(s) by the Contractor and/or employees or agents of the Contractor.
- d. Failure to provide an excellent level of service after notification by the City.
- E. This Contract is not assignable by either party hereto.
- F. This Contract supersedes all prior contracts between the parties with respect to its subject matter and constitutes a complete statement of the terms of the negotiated agreement between the parties, except for specific references to other agreements or contracts contained herein.

Dated this _____ day of _____, 2025.

CITY OF VALLEY CITY

GROUND TO SKY TREE SERVICE

Gwen Crawford
City Administrator

Bryan Edwards

Attest:

Brenda Klein, Finance Director

This is **EXHIBIT K**, consisting of 2 pages, referred to in and part of the **Agreement between Owner and Engineer for Professional Services – Task Order Edition** dated January 1, 2021.

Amendment To Task Order No. 2204-01901-2 (Valley City NW Water Tower Study)

1. Background Data:

- a. Effective Date of Task Order: February 4, 2025
- b. Owner: City of Valley City
- c. Engineer: KLJ Engineering LLC
- d. Specific Project: Environmental Documentation, Preliminary Design, Final Design and Bidding & Negotiations

2. Description of Modifications

Scope of Work: Update to include Environmental Documentation, Survey, Design, Funding Assistance and Bidding & Negotiations for National Guard Water Tower demolition.

- a. Engineer shall perform the following Additional Services: Not Used
- b. The Scope of Services currently authorized to be performed by Engineer in accordance with the Task Order and previous amendments, if any, is modified as follows:
 - ***Complete any pick-up surveys for items such as topography, utility locations and right-of-way to assist in the planning. (KLJ lead)***
 - ***Prepare environmental documents meeting the requirements of DEQ-DWSRF program. (Moore lead)***
 - ***Prepare facility plan documents meeting the requirements of DEQ-DWSRF program. (Moore lead)***
 - ***Provide funding assistance to Valley City for ND WebGrant submittal. (Moore lead)***
 - ***Prepare demolition plan, including plan notes and details for National Guard Water Tower demolition. (Moore lead)***
 - ***Prepare bid documents for National Guard Water Tower demolition. (Moore lead)***
 - ***Present bid results to City with recommendations. (Moore lead)***
 - ***Coordinate with City and attend City Meetings. (Moore lead)***
- c. The responsibilities of Owner with respect to the Task Order are modified as follows: N/A

- d. For the Additional Services or the modifications to services set forth above, Owner shall pay Engineer the following additional or modified compensation: \$53,000.00
- e. The schedule for rendering services under this Task Order is modified as follows: N/A
- f. Other portions of the Task Order (including previous amendments, if any) are modified as follows: None

3. Task Order Summary

- a. Original Task Order amount: \$350,000
- b. Net change for prior amendments: \$ ----
- c. This amendment amount: \$ 53,000
- d. Adjusted Task Order amount: \$403,000

The foregoing Task Order Summary is for reference only and does not alter the terms of the Task Order, including those set forth in Exhibit C.

Owner and Engineer hereby agree to modify the above-referenced Task Order as set forth in this Amendment. All provisions of the Agreement and Task Order not modified by this or previous Amendments remain in effect. The Effective Date of this Amendment is June 3, 2025.

OWNER: City of Valley City

ENGINEER: KLJ Engineering LLC

By: _____

By: _____

Title: Mayor

Title: _____

Date
Signed: _____

Date
Signed: _____

Location Map
National Guard Water Tower
City of Valley City, North Dakota

