Secretary of State of the State of Arkansas

BOND FOR PAID SOLICITOR

AMOUNT: $10,000.00 **INSURANCE COMPANY BOND NO. _____**

KNOW ALL MEN BY THESE PRESENTS:

That we,_____(Legal Name of Paid Solicitor), as Principal, and_____(Name of Surety Company), a Surety authorized to do business in the State of Arkansas, are held and firmly bound to the Secretary of State of the State of Arkansas for the use of the State of Arkansas and any person who may have a cause of action against the principal obligor for any deceptive trade practice, malfeasance, or misfeasance of the Principal or any professional telemarketer retained by him in the conduct of a solicitation in the amount of $10,000.00, lawful money of the United States of America for the payment of which well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this document.

WHEREAS, the above named Principal has applied to the Secretary of State of the State of Arkansas to register as a Paid Solicitor for the period ending_____, in accordance with the provisions of Ark. Code Ann. § 4-28-401 through 416, and is required to furnish a surety bond with such registration.

And, if the Principal shall fully and faithfully observe all provisions of Ark. Code Ann. § 4-28-401 through 416 and other relevant Arkansas law, then this obligation shall be void, otherwise to remain in full force and effect.

The Surety may cancel this bond at any time by filing notice of its intent to cancel or terminate this bond with the Secretary of State of the State of Arkansas in writing by certified mail with 30 days advance

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notice. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the 30-day period.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this____day of_____, 20___.

Name of Principal	Name of Surety
_____	_____
By:_____ Signature of Authorized Representative	By: _____ Signature of Authorized Representative
_____ Name of Authorized Representative	_____ Name of Authorized Representative
_____ Business Address of Authorized Representative	_____ Business Address of Authorized Representative
_____ Phone Number of Authorized Representative	_____ Phone Number of Authorized Representative

AFFIRMATION OF PRINCIPAL

STATE OF_____)
) SS.
COUNTY OF_____)

On this____day of_____, 20___, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Authorized Representative) (Title/Position)

of_____, and that as such_____being authorized to
(Name of Principal) (Title/Position)

do so, executed the foregoing instrument for the purposes therein contained, by signing the name of

_____, by himself/herself as_____.
(Name of Principal) (Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

_____/_____/_____

_____
Signature of Notary Public

STAMP or SEAL:

_____
Printed Name

AFFIRMATION OF SURETY

STATE OF_____)
) SS.
COUNTY OF_____)

On this____day of_____, 20___, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Authorized Representative) (Title/Position)

of_____, and that as such_____being authorized to
(Name of Surety) (Title/Position)

do so, executed the foregoing instrument for the purposes therein contained, by signing the name of

_____, by himself/herself as_____.
(Name of Surety) (Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

_____/_____/_____

_____
Signature of Notary Public

STAMP or SEAL:

_____
Printed Name