New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Division of Licensing Services

Certification of Bonded Status

Date: _____

Certification of Bonded Status

This will certify that our bond number _____, dated _____,

with _____, _____,
(Licensee's Name) *(Business Address)*

as principal, continues in full force and effect. _____,
(Surety)

_____,
(Street Address)

_____,
(City, State and Zip Code)

Dated: _____ By: _____

Acknowledgement by Corporation (Surety)

STATE OF NEW YORK)
COUNTY OF) SS:

On this _____ day of _____, 20_____, before me personally came

_____, to me known, who being by me fully sworn, did depose

and say that he/she is the _____

of the _____

which executed the within instrument, that he/she knows the seal of said corporation, that the seal affixed to said instrument is such corporation seal; that it was so affixed by the order of the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order.

_____
(Notary Public)

_____
(Applicant's Signature)