



STATE OF IDAHO
 DEPARTMENT OF FINANCE
 Consumer Finance Bureau
 700 West State Street, 2 nd Floor
 P.O. Box 83720
 Boise, ID 83720-0031

BOND # _____

SURETY BOND FOR MORTGAGE BROKER/BANKER

KNOW ALL MEN BY THESE PRESENTS, that we, _____ , as Principal and _____ , a corporation duly incorporated under the

laws of the State of _____ , and authorized to do business in the State of Idaho, as surety, are held and firmly bound unto the State of Idaho in the penal sum of \$ _____ Dollars, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents.

In the event that the Principal has violated any of the provisions of chapter 31, title 26, Idaho Code, any other governing state law, any governing federal law, or in the event that a court of competent jurisdiction has found that the Principal has damaged any person, then the bond shall be forfeited and paid by the surety to the State of Idaho for the benefit of any person damaged by the Principal.

This bond shall be a continuing obligation of the surety. The surety's liability under this bond for any claim that is made thereunder, either individually, or In the aggregate, shall in no event exceed the penal amount of the bond issued.

PROVIDED, FURTHER, that the surety may cancel this bond as an entirety by giving thirty (30) days notice to the Idaho Department of Finance at Boise, Idaho, and if canceled by the surety. copy of Paid notice Of cancellation shall be sent by registered mail to the Principal hereunder. Said notice to the Idaho Department of Finance shall also be sent by registered mail. In case of such cancellation by the surety, no further obligation shall be incurred under this bond after the expiration of said thirty (30) days, but the liability of the Principal and surety shall apply as above set out as of any acts or omissions which may have occurred prior to the effective date of such cancellation.

 (NAME OF MORTGAGE BROKER/BANKER)

 (SIGNATURE OF OFFICER OF THE FIRM) Date

 (NAME OF SURETY COMPANY)

 (SIGNATURE OF OFFICER OF SURETY COMPANY) Date