

<p style="text-align: center;">The North River Insurance Company 157 Main Street, Greenville, PA 16125 P.O. Box 806, Greenville, PA 16125 (800) 245-0366 FAX (724) 588-8801 Email: CourtNotices@cfins.com</p>	BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]
--	--

BAIL BOND

No. _____
(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED)

IN THE _____ COURT OF THE _____ JUDICIAL DISTRICT, COUNTY OF _____, STATE OF NEVADA

THE PEOPLE OF THE STATE OF NEVADA, Plaintiff,

vs. CASE NO. _____

_____ Defendant. DIV. NO. _____

Defendant: _____ (NAME OF DEFENDANT) _____ (BOOKING NO.)

Having been admitted to bail in the sum of _____ (\$ _____) Dollars and ordered to appear in the above entitled court on _____ 20 _____, on _____ charge/s.
(STATE MISDEMEANOR OR FELONY)

Now, the THE NORTH RIVER INSURANCE COMPANY, a Delaware Corporation, as Surety hereby undertakes that the above-named defendant will appear in the above-named court on the date above set forth to answer the charge above set forth to answer any charge in any accusatory pleading based upon the acts supporting the complaint filed against him/her and as duly authorized amendments thereof in whatever court it may be prosecuted, and will at all times hold him/herself amendable to the orders and process of the court, and if convicted, will appear for pronouncement of judgment or grant of probation; or if he/she fails to perform either of these conditions that the The North River Insurance Company, a Delaware Corporation, will pay to the people of the State of Nevada, the sum of _____ (\$ _____) Dollars.

If the forfeiture of this bond be ordered by the Court, judgment may be summarily made and entered forthwith, against the said, The North River Insurance Company.

<p>THIS BOND IS VOID IF WRITTEN FOR AN AMOUNT GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO, IF MORE THAN ONE SUCH POWER IS ATTACHED OR IF WRITTEN AFTER THE EXPIRATION DATE SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.</p>		<p style="text-align: center;">THE NORTH RIVER INSURANCE COMPANY</p> <p style="text-align: center;">By _____ <small>Attorney-In-Fact</small></p>
---	---	--

I certify under penalty of perjury that I am a licensed bail agent of the THE NORTH RIVER INSURANCE COMPANY and that I am executing this bond on _____ (Date) at _____ (Location)

THE PREMIUM CHARGED FOR THIS BOND IS: \$ _____	Approved this _____ day of _____, 20 _____ _____ (Title)
---	---

NOTE: This is an Appearance bond and cannot be construed as a guarantee for failure to provide payments, back alimony payments, FINES, OR Wage Law claims, nor can it be used as a Bond on Appeal.

CERTIFICATE OF DISCHARGE OF BOND	
Power Amount: \$ _____	Power No: _____
This is to certify that on or about the _____ day of _____, 20 _____, I examined the Records of this Court and find the corresponding power number above has been discharged of record by reason of the following disposition: _____ Pled Guilty _____ Found Guilty _____ Case Dismissed _____ Forfeiture Paid _____ Other: _____. Date of Discharge: _____	
Person rendering decision, Witness my hand and official seal this _____ day of _____, 20 _____, Title: _____	
By: _____	
(To the clerk of the court, when the bond has been exonerated, please sign and return this form to the bail agent listed above.)	