

STATE OF IDAHO NOTARY PUBLIC APPLICATION

Title 51, Chapter 1, Idaho Code. Fee: \$30.00.

Submit your signed notar	bond with this	application.
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CHECK ONE: New Appointment Reappointment of commission number:							
	-	at: http://www.sos.idano.g	•				
<u>In previously commissioned</u>	ER Last Name:		FORMER Fir	st Name:			
in Idaho under a different name.							
Is this notary appointment required for your government job as a city, county, or state employee? Yes No If you can truthfully answer yes to this question, there is no fee for filing this application.							
If yes, enter agency name:			Agency ph	one:			
			0 71				
Part 1. Applicant Information: Enter your na	ame <u>exactly</u> as it appea	rs on your nota	ry seal. Plea	ase note:	The information		
provided in this application will be public record.		<u> </u>					
Last Name:	First Name:	Mide	dle Name or Initial (if used):	Suffix (Jr., Sr., ect.):		
Email Address (for future correspondence or information):		•	Da	ytime Phone I	Number:		
		10.1			1 mg- 1		
Physical Address (not a PO Box):		City:		State:	Zipcode:		
Name and Mailing Address (if different from physical address):		City:		State:	Zipcode:		
Part 2. Bond Information: Enter bonding com	pany, and bond number	(required).		<u> </u>			
Bonding Company Name:	<u> </u>		Bc	ond Number:			
Part 3. Qualifications: Mark the below stateme					e: Stamp the notary		
NOTE: If the applicant cannot truthfully mark "True not eligible to hold the office of Notary Public, and s			seal that you	plan to us	e in the box below.		
application.		i wiui ulis					
1. I am at least eighteen (18) years old today.		True False			CANT		
2. I am a resident of Idaho or am employed or doing business in Idaho.							
3. I am able to read and write the English language.					AL		
4. I have not been convicted of a serious crime in the					DE		
5. I have not been removed from the office of Notary misconduct, in the past ten (10) years.	Public for official	True False			KE		
Part 5. OATH OF OFFICE: Swear (or affirm) and sign this oath in the presence of a commissioned notary.							

Swear (or affirm) nd sign this oath in the presence of a commissioned notary. га

_, solemly swear (or affirm) that the answers to all questions in this application are true, Ι, complete, and correct; that I have carefully read the notary laws of this State and I am familiar with their provisions; that I will uphold the Constitution of the United States and the Constitution and laws of the State of Idaho; and that I will faithfully perform, to the best of my ability, the duties of the office of Notary Public, and I do hereby voluntarily submit myself to the continuing jurisdiction of the courts of the State of Idaho, and the the processes thereof.

Applicant Signature:		This block for Secretary of State use only.
		DO NOT
State of Idaho) County of)	NOTARY	STAMP, WRITE,
Subscribed and sworn (or affirmed) before me thisday of, 20	SEAL	OR SIGN
(Notary Public Signature)	HERE	IN THIS
(Notary Public Signature) My commission expires on,20		AREA Rev. 07/2016

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Idaho

UNIVERSAL SURETY OF AMERICA

BOND OF NOTARY PUBLIC

BOND No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, ______ as Principal, and Applicant Name

UNIVERSAL SURETY OF AMERICA, a corporation duly licensed to do business in the State of Idaho, as Surety, are held and firmly bound unto the State of Idaho, in the full and just sum of TEN THOUSAND AND NO/100 DOLLARS (\$10,000.00), lawful money, to be paid to the State of Idaho, for which payment well and truly to be made, we jointly and severally bind ourselves, our successors and assigns, and each of them, firmly by these presents.

Dated this _____, 20_____,

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, that whereas, the Secretary of state of the State of Idaho, is about to appoint and commission the said Notary Public in and for the State of Idaho, to have and to hold the said office with all the privileges and emoluments to the same appertaining, during the term of six years, unless the commission is sooner cancelled by the Secretary of State, as in and by a commission to be issued under the hand of the Secretary of State, and the Great Seal of Idaho, more fully appears.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal has faithfully and diligently performed, executed and discharged, and shall continue faithfully and diligently to perform, execute and discharge all and singular the duties of said office according to law, then the obligation to be void and of no effect, otherwise to remain in full force and virtue.

Witness our hands and seals this _____ day of _____, 20____.

(Signature of Applicant - Principal)

UNIVERSAL SURETY OF AMERICA

By: _

Jack Diestelhorst - Attorney In Fact

UNIVERSAL SURETY OF AMERICA • P. O. Box 5077 • Sioux Falls, SD 57117-5077 • 800.331.6053