AGEN	NT NAME/ADDRESS/TELEPHONI	E	
	<u>LE</u>	GAL NOTICE	
CERTIFIED	MAIL/	Date:	
	ECEIPT REQUESTED		
		_ Indemnitor	
REGARDING:	BOND DEFENDANT:		
	ICE		
TAKE NOT	ICE:		
		il Statutes, this is to notify you that in ten (10) days, we into y which is held on the forfeited bond (s) of the above- name	
By:			
Copy to:			
		Defendant	
CC:			
CC.			

Form: Collateral Notice BY-State0608