		(/	AGENT'S STAM	Л Р)				
AUTHORIZA1	TION TO) ARRI	EST DEF	ENDA	NT OI	N BAII	L B	DND
KNOW ALL MEN BY T That I, empower Financial Ca			s) and it's age	nt/s to surr	ender the	do hereby pelow nar	y authomed de	orize and efendant.
ne/she may be found sovereign state, and to				surrender s	said defen	dant		
		City of Ju	idicial District					
State of described in said Bail B		-		-				

SIGNATURE OF INDEMNITOR STATE OF _____ COUNTY OF _____ On______before me _____ personally appeared_____ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument. Witness my hand and official seal.

My commission expires:	
,	

Notary Public