AGENCY NAME/OFFICE ADDRESS/TELI	EPHONE #.
<u>LE</u>	GAL NOTICE
MAIL / FAX	Date:
	Indomniton
	Indemnitor
REGARDING: BOND DEFENDANT:	
BOND POWER #'S:	
SURETY:	
TAKE NOTICE:	
_	ral Bail Statutes this is to notify you that the above
	be discharged and our files are now closed. The nd is released based upon the information provided.
condictal security preaged for this bon	a is received based upon the information provided.
Collateral description:	
By:	
Copy to:	