



STATE OF IDAHO
 DEPARTMENT OF FINANCE
 Securities Bureau
 800 Park Boulevard, Suite 200, Boise, ID 83712
 P.O. Box 83720, Boise, ID 83720-0031

BOND # _____

SURETY BOND FOR MONEY TRANSMITTERS

KNOW ALL MEN BY THESE PRESENTS, that we, _____, as Principal and _____, a corporation duly incorporated under the laws of the State of _____, and authorized to do business in the State of Idaho, as Surety, are held and firmly bound unto the State of Idaho in the principal amount of _____ for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, unconditionally by these presents.

In the event that the Principal fails to faithfully perform its obligations with respect to the receipt, handling, transmission, and payment of money in connection with either the sale and issuance of payment instruments or the transmission of money pursuant to Chapter 29, Title 26, Idaho Code, as the same may be amended from time to time, and any rules promulgated pursuant thereto, then the bond shall be forfeited and paid to the State of Idaho or a claimant or authorized representative of a claimant. This bond shall be a continuing obligation of the Surety. The Surety's liability under this bond for any claim that is made thereunder, either individually, or in the aggregate, shall in no event exceed the principal amount of the bond. The bond shall remain in place for a period of two years from the date the Principal ceases money transmission operations in this state.

PROVIDED, FURTHER, that the Surety may cancel this bond by giving thirty (30) days prior written notice to the Idaho Department of Finance at Boise, Idaho. A copy of said notice of cancellation shall also be sent to the Principal. Any required notice shall be sent by registered or certified mail, return receipt requested. In case of cancellation by the Surety, no further obligation shall be incurred under this bond after the expiration of said thirty (30) days, but the liability of the Principal and Surety shall apply as above set out as to any acts or omissions which may have occurred prior to the effective date of such cancellation.

 (NAME OF LICENSEE)

 (SIGNATURE OF OFFICER OF THE FIRM) Date

 (NAME OF SURETY COMPANY)

 (SIGNATURE OF OFFICER) Date

 (TITLE OF OFFICER)