

BOND NUMBER _____

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
DEBT MANAGEMENT SERVICES PROVIDER

KNOW ALL MEN BY THESE PRESENTS, THAT

(Name of Debt Management Services Provider)

a _____
(description or form of business organization, including State of Incorporation,
e.g., "a Minnesota Corporation")

with business office at

(Street Address, City, State, and Zip Code of office covered by this bond)

as Principal (Obligor) and _____, a corporation
(Name of Surety)

duly organized under the laws of the State of _____,
which is authorized to engage in the business of fidelity and surety insurance in the State of
Minnesota, as Surety, are hereby held and firmly bound to the Department of Commerce of the
State of Minnesota, in the sum of _____

(_____). Principal and Surety bind themselves, their representatives,
successors and assigns, jointly and severally by these presents.

The parties further agree that:

1. The purpose of this obligation, which is required by Minnesota Statutes, Section 332A.04, subdivision 4, is to secure the compliance by Principal with the terms of Minnesota Statutes, Chapter 332A, and rules lawfully made by the Commissioner of Commerce under this Chapter.
2. This bond is for the benefit of the State of Minnesota and all persons suffering damages by reason of Principal's failure to comply with Minnesota Statutes, Chapter 332A, and rules lawfully made by the Commissioner of Commerce under this Chapter.
3. If Principal shall commit any fraudulent act, violate Minnesota Statutes, Chapter 332A, or violate any rules lawfully made by the Commissioner of Commerce under this Chapter, the Commissioner of Commerce, as well as any person damaged as a result of such violation, shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss sustained by the injured party.
4. It is the intent of the parties that this bond be continuous. This bond obligation may be canceled by giving 30 days written notice of such intent to cancel by Certified Mail – Return

Receipt Requested to the Department of Commerce, Division of Financial Examinations, 85
7th Place East, St. Paul, MN 55101-2198.

Signed and sealed this _____ day of _____, _____.

By: _____
(Name of Surety)

By: _____
(Signature of Attorney in Fact of
Surety Company)

By: _____
(Name of Debt Management Services Provider)

By: _____
(Signature of Sole Proprietor,
Partner, or President)

**SIGNATURES MUST BE NOTARIZED ON THE FOLLOWING
PAGE.**

Surety Solutions, LLC

DEBT MANAGEMENT SERVICES PROVIDER SURETY BOND

1. This page is to be completed by a notary public for both the Principal and the Surety.
2. Please attach the **Power of Attorney** and **Certified Copy of the Corporate Resolution** for the Surety listed herein.

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF _____)
 COUNTY OF _____) ss.

(SOLE PROPRIETORSHIP)

The foregoing instrument was acknowledged before me this _____ day of _____,
 _____, by _____
 (Name of person acknowledged)

NOTARY SEAL

Notary Public

(PARTNERSHIP/LIMITED LIABILITY COMPANY)

The foregoing instrument was acknowledged before me this _____ day of _____,
 _____, by _____, a partner on behalf of
 (Name of acknowledging partner)
 _____, a partnership.
 (Name of partnership/limited liability company)

NOTARY SEAL

Notary Public

(CORPORATION)

The foregoing instrument was acknowledged before me this _____ day of _____,
 _____, by _____, President of
 (Name of corporate president)
 _____, a _____
 (Name of corporation acknowledging) (state of incorporation)
 corporation, on behalf of the corporation.

NOTARY SEAL

Notary Public

ACKNOWLEDGMENT OF SURETY

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____,
_____, by _____,
(Name and title of officer or agent)
of _____
(Name of corporation acknowledging)
a _____ corporation, on behalf of the corporation.
(state of incorporation)

NOTARY SEAL

Notary Public

Surety Solutions, LLC