



**AUCTION CLERK BOND**  
**PUBLIC SERVICE COMMISSION**  
 SFN 10458 (Rev. 12-99)

**BOND NO:** \_\_\_\_\_

**PRINCIPAL**

Name			
Address	City	State	Zip Code

**SURETY**

Name			
Address	City	State	Zip Code

We, the above named SURETY, issued this Ten Thousand Dollar (\$10,000) bond payable to the State of North Dakota for the benefit of any person injured by the improper conduct of the above-named PRINCIPAL when they are functioning as an auction clerk in North Dakota. The SURETY's liability under this bond is limited to Ten Thousand Dollars (\$10,000) for each license year that the bond is in effect.

Liability for this undertaking commences on \_\_\_\_\_, \_\_\_\_\_. This bond (check one):

- Is continuous until cancelled.
- Terminates on the 31st day of December, \_\_\_\_\_.

The liability under this bond covers actions of the PRINCIPAL from the effective date of the bond through the date the bond is cancelled. This bond may not be cancelled on less than sixty (60) days notice to the Public Service Commission (Commission); this sixty (60) day period will not begin prior to the day that written notice is received by the Commission.

The undersigned PRINCIPAL and SURETY bind themselves and their heirs, successors, and legal representatives and assigns, jointly and severally.

Countersigned by North Dakota Resident Agent:		
_____	No Longer Required	_____
Name/Signature	Address	City, State(ND), Zip Code

**THIS SECTION TO BE COMPLETED BY PRINCIPAL**

**ACKNOWLEDGMENT OF PRINCIPAL**

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

before me personally appeared \_\_\_\_\_  
 known to me to be the person or said corporation described in and who  
 executed the within instrument as PRINCIPAL and acknowledged to me  
 that he/she or said corporation executed the same.

\_\_\_\_\_  
 Signature of Principal

\_\_\_\_\_  
 Notary Public

My Commission expires \_\_\_\_\_

(SEAL)

**THIS SECTION TO BE COMPLETED BY SURETY**

**ACKNOWLEDGMENT OF SURETY  
 (Corporate Officer)**

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

before me personally appeared \_\_\_\_\_

known to me to be Attorney-in-fact  
 of said corporation that is described in and that executed the within  
 instrument as SURETY, and acknowledged to me that such corporation  
 executed the same.

\_\_\_\_\_  
 Name and Title of Person Signing for Surety

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Notary Public

My Commission expires \_\_\_\_\_

(SEAL)

North Dakota Public Service Commission  
 State Capitol  
 Bismarck, ND 58505-0480

Telephone 701-328-2400

ATTORNEY-IN-FACT MUST ATTACH VALID POWER OF ATTORNEY FROM SURETY.