

**STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT
HEALTH SPA REGISTRATION BOND**

KNOW ALL MEN BY THESE PRESENT THAT _____,
(NAME OR PRINCIPAL/BUSINESS)

_____ of _____,
(Street Address) (City, State & Zip)

in the County of _____, State of _____.

as Principal, and _____,
(Surety Company)

a corporation duly organized and existing under the laws of _____, and being duly qualified to transact business in the State of Oklahoma, as Surety, are holden and stand firmly bound unto the Administrator of the Department of Consumer Credit of the State of Oklahoma, for the use of the State and any person or persons who may have a cause of action against the obligor of this bond under the provisions of OKLAHOMA HEALTH SPA ACT, in the just sum of _____ DOLLARS (_____) to be paid to the said Administrator as aforesaid, or his successor in office, to which payment will and truly be made, we hereby jointly and severally bind ourselves, our respective heirs, executors and administrators, successors and assign, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if said _____,
(Principal)

its/his officers, agents or employees shall faithfully observe and comply with all of the provisions of the aforesaid statute, then this obligation shall be void; otherwise to be and remain in full force and virtue in law, until cancelled; provided, however, that no cancellation by the surety shall be effective unless and until written notice of intention to cancel this bond has been filed with the Administrator for a period of THIRTY (30) DAYS prior to the date fixed in said notice of cancellation.

IN WITNESS WHEREOF we have hereunto set our hands and seals this _____ day of _____ of the year _____.

(Applicant)

By: _____

(Surety)

By: _____

, Attorney in Fact

Countersigned:

Not Applicable
(Oklahoma Resident Agent)

Bond Number _____

Do Not Write Below This Line

Approved this _____ day of _____ of the year 20_____.

(Administrator's Signature)