

Bond No. \_\_\_\_\_

Bonding Company \_\_\_\_\_

**SURETY BOND  
OF HEALTH, DATING OR BUYING CLUB**

We, \_\_\_\_\_ aa \_\_\_\_\_ of \_\_\_\_\_, as  
Principal and \_\_\_\_\_ aa \_\_\_\_\_ aa \_\_\_\_\_ of \_\_\_\_\_, as Surety  
authorized to do business in the State of Minnesota, are held and firmly bound to the State of  
Minnesota solely for the benefit of any consumer who was damaged because of the closing or  
bankruptcy of the Principal in the amount of ( \_\_\_\_\_ ) \_\_\_\_\_  
Dollars for the payment of which we bind ourselves, our heirs, executors, administrators,  
successors and assigns, jointly and severally.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

It is agreed that any claim under this bond must be made with the surety within one (1)  
year after the cancellation or expiration of this bond, whichever occurs first.

This bond may not be construed to require the surety to be responsible for damages  
resulting from any breach of a principal's service agreement entered into after the expiration or  
revocation of this bond, provided that the surety gave at least thirty (30) days advance written  
notice to the Office of the Attorney General at Suite 1400, 445 Minnesota Street, St. Paul, MN  
55101 by certified mail of the cancellation or revocation of this bond.

In no event shall the liability of the surety under this bond for all claims exceed the  
penalty of this bond.

This bond is issued in accordance with the provisions of Minnesota Statue § 325G.23.  
This bond shall be issued for the term \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
BY \_\_\_\_\_ BY \_\_\_\_\_  
Principal \_\_\_\_\_, Attorney in Fact

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Submit claims to: \_\_\_\_\_

### INDIVIDUAL ACKNOWLEDGMENT

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same.

(SEAL)

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

### CORPORATION ACKNOWLEDGMENT

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_, to be known, who being by me duly sworn did depose and say that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the foregoing instrument, that he/she knows the seal of said corporation described in and which executed the foregoing instrument.

(SEAL)

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

### ACKNOWLEDGMENT OF SURETY

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public in and for said County, personally appeared \_\_\_\_\_, to me personally known and being by me duly sworn, did say that he/she is the Attorney in Fact of \_\_\_\_\_, a corporation of \_\_\_\_\_, created, organized and existing under and by virtue of the laws of the State of \_\_\_\_\_, that the said instrument was executed on behalf of the said corporation by authority of its Board of Directors and that the said \_\_\_\_\_ acknowledges said instrument to be the free act and deed of said corporation and that he/she has authority to sign said instrument without affixing the corporate seal of said corporation. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal at \_\_\_\_\_, the day and year last above written.

(SEAL)

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