

Exhibit I

UTAH POSTSECONDARY PROPRIETARY SCHOOL ACT
SURETY BOND

We, A FLIGHT ABOVE, INC. _____, as Principal, and

_____ a Corporation organized under the laws of the State of _____, and authorized to transact business in the State of Utah as Surety, are held and firmly bound unto the Division of Consumer Protection ("Division") in the sum of _____ dollars (\$ _____), for the payment of which said Principal and Surety bind themselves, their heirs, administrators, executors, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the principal has applied for registration under Utah Code Title 13, Chapter 34, Utah Postsecondary Proprietary School Act and Division Rules, said Act and Rules by reference made a part hereof, which Act and Rules require a registered institution in the State of Utah to file a bond in a sum established by said Rules of the Division.

NOW, THEREFORE, if, upon said registration, Principal faithfully complies with all of the provisions of state laws and rules required of Principal under the Act or Division Rules and all such provisions as may be hereafter imposed upon Principal by law or rule, and Principal refrains from injuring or damaging any person by reason of any act in violation of the Act or the Rules promulgated thereunder, this obligation shall be null and void; otherwise to remain in full force and effect.

Any failure by Principal to so comply with the Act and Rules or to so refrain from injuring or damaging any person enrolled as a student with Principal shall impose upon the Principal and Surety joint and several liability to pay the full amount of this bond to the Division. The Division shall use such funds to make appropriate refunds of tuition, book fees, supply fees, equipment fees, and other instructional fees due to a student or potential student, enrollee, or his or her parent or guardian. The Division shall repay to the Surety any funds remaining after such expenditures are made.

This obligation remain in full force and effect during the period beginning on the _____ day of _____ 20 ending on the _____ day of _____, 20____, unless the bond is terminated as provided herein or as otherwise provided by law. Surety may terminate its obligation hereunder by giving ninety (90) days written notice to the Division, with reason for such termination, but said Surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of said ninety (90) day period. Termination of this surety bond shall be grounds for revocation of the Principal's Certificate of Registration.

It is understood and agreed that this bond may be renewed from year to year by continuation certificate executed by the Surety, and that regardless of the number of years this bond remains in effect or the number of times it is renewed, in no event shall the Surety be liable for an amount exceeding the sum set forth above.

SIGNED AND SEALED this _____ day of _____, 20 ____

(Principal Company)

By: _____

(Authorized Company)

(Surety)

By:
(Authorized Agent)

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM