

**LMI NOTARY SERVICE
208 JAMES ST., SUITE B
SEATTLE, WA 98104
1-800-886-5299**

YOUR NOTARY PUBLIC LICENSE IS UP FOR RENEWAL. TO RENEW YOUR COMMISSION, YOU MUST OBTAIN A NEW NOTARY BOND IN THE AMOUNT OF TEN THOUSAND DOLLARS (\$10,000.00) FOR THE NEW SIX YEAR TERM.

TO START THE RENEWAL PROCESS WITH OUR SERVICE COMPLETE THE FOLLOWING STEPS:

1. COMPLETE AND RETURN THIS APPLICATION WITH A CHECK OR YOUR CREDIT CARD INFORMATION IN THE AMOUNT TO BE DETERMINED BY YOUR SELECTION PAYABLE TO **LMI NOTARY SERVICE**.

THE STATE OF IDAHO NOTARY PUBLIC LAW HAS CHANGED AS OF JULY 1, 1998 AND HAS ELIMINATED THE USE OF THE EMBOSSING SEAL. AFTER JULY 1, 1998, ALL NOTARIES APPLYING FOR THE FIRST TIME OR RENEWING THEIR COMMISSIONS ARE REQUIRED TO OBTAIN A RUBBER STAMP SEAL. WE CAN PROVIDE YOU WITH A NEW SEAL WHICH COMPLIES WITH THE NEW LAW (SEE BELOW). YOU MUST AFFIX YOUR STAMP ON THE APPLICATION (BLUE FORM). WE WILL DO THIS FOR YOU WHEN YOU ORDER YOUR STAMP FROM LMI NOTARY SERVICE.

WE ALSO HAVE ERRORS AND OMISSIONS INSURANCE AVAILABLE FOR NOTARIES WHICH IS A POLICY THAT IS DESIGNED ESPECIALLY FOR THE NOTARIES' OWN PERSONAL PROTECTION. THIS COVERAGE IS OPTIONAL AND IS NOT REQUIRED.

PLEASE USE THE FOLLOWING TO COMPUTE THE PRICE FOR THE OPTIONS YOU DESIRE

SECRETARY OF STATE FEE: (Required by the State)	\$30.00	\$30.00
NOTARY BOND (\$10,000.00 Required by the State)	\$60.00	\$60.00

OPTIONAL

ERRORS & OMISSIONS INSURANCE(\$10,000 FOR A 6 YEAR TERM)	\$50.00	_____
ERRORS & OMISSIONS INSURANCE(\$15,000 FOR A 6 YEAR TERM)	\$75.00	_____
ERRORS & OMISSIONS INSURANCE(\$20,000 FOR A 6 YEAR TERM)	\$100.00	_____
ERRORS & OMISSIONS INSURANCE(\$25,000 FOR A 6 YEAR TERM)	\$120.00	_____
*PREINK CIRCULAR STAMP Color: Black ___ Other ___	\$25.00	_____
*PREINK RECTANGULAR STAMP Color: Black ___ Other ___	\$23.00	_____
*NOTARY RUBBER STAMP AND PAD (CIRCULAR IMPRESSION)	\$24.00	_____
*LMI NOTARY PUBLIC LOG BOOK (Basic)	\$5.00	_____

*EMBOSSING SEALS HAVE BEEN ELIMINATED AS OF 7-1-98
NEW OR RENEWING NOTARIES ARE REQUIRED TO CHOOSE ONE OF THE ABOVE

TOTAL \$ _____

2. WE HAVE ENCLOSED YOUR *APPLICATION FOR APPOINTMENT AS A NOTARY PUBLIC* AND YOUR *NOTARY BOND* FOR YOUR CONVENIENCE. COMPLETE NUMBERS 1-7 ON YOUR *APPLICATION FOR APPOINTMENT* FORM AND COMPLETE THE OATH BY HAVING YOUR SIGNATURE NOTARIZED. * YOU MAY ACQUIRE THE IDAHO NOTARY PUBLIC HANDBOOK FIRST AT www.BeANotary.com OR BY CONTACTING 1-800-886-5299. YOU MUST PLACE YOUR NOTARY STAMP BELOW #11 OR IF ORDERING FROM **LMI NOTARY SERVICE** WE WILL DO THIS FOR YOU.

3. YOU WILL ALSO NEED TO COMPLETE YOUR NOTARY BOND BY SIGNING BY THE "X" AS PRINCIPAL. LEAVE THE REST TO US.

4. RELAX, WE WILL COMPLETE THE REST OF THE PROCESS FOR YOU. WE WILL EXECUTE THE BOND AND FILE IT WITH THE STATE.

5. THE FINAL STEP IN THE PROCESS WILL BE FOR YOU TO RECEIVE YOUR CERTIFICATE OF REAPPOINTMENT FROM THE STATE.

REMEMBER, WE ARE ALWAYS HERE TO HELP WITH YOUR NEEDS AND QUESTIONS, AND TO MAKE YOUR JOB A LITTLE EASIER.

WE HAVE BEEN PROVIDING THIS SERVICE FOR NOTARY PUBLICS FOR OVER THIRTY YEARS SO YOU CAN COUNT ON US FOR ASSISTANCE. THANK YOU FOR ALLOWING **LMI NOTARY SERVICE** TO PROCESS YOUR NOTARY RENEWAL. WE ALSO HANDLE NEW NOTARY REQUESTS. LMI NOTARY SERVICE IS NOT AFFILIATED WITH ANY GOVERNMENT AGENCY AND/OR OFFICE.

PLEASE COMPLETE REVERSE

**LMI NOTARY SERVICE
NOTARY PUBLIC COMMISSION FORM**

**THIS IS A SOLICITATION TO WRITE A NOTARY BOND FOR YOUR REAPPOINTMENT
AS A NOTARY PUBLIC**

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME _____
(If different than below) (Middle Name or Initial, if used)

DAY PHONE _____

(Must be filled in)

RES. PHONE _____

CHANGE OF NAME _____

CHANGE OF ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

EASY INSTRUCTIONS:

1. DETERMINE YOUR SELECTIONS FROM THE OTHER SIDE.
2. MAKE A CHECK PAYABLE TO **LMI NOTARY SERVICE**.
3. FOR CREDIT CARD CHARGES, COMPLETE THE FOLLOWING:

NAME OF CARDHOLDER: _____

ACCOUNT#: _____

TYPE OF CARD: [] VISA [] MASTERCARD

EXPIRATION DATE: _____

SIGNATURE OF CARDHOLDER _____

4. MAKE ANY NECESSARY CHANGES TO NAME AND ADDRESS ABOVE.
5. RETURN THIS FORM WITH APPLICABLE CHECK IN ENCLOSED SELF-ADDRESSED ENVELOPE.
6. IF NOT SELECTING E & O INSURANCE, THE FOLLOWING MUST BE COMPLETED:

I HAVE BEEN OFFERED NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE FOR MY PERSONAL PROTECTION. HOWEVER, I ELECT TO DECLINE THE COVERAGE.

X

DATE

Return to:

LMI NOTARY SERVICE * 208 JAMES ST., SUITE B

SEATTLE, WA 98104

1-800-886-5299 Fax (206) 628-4690

CONTRACTORS BONDING AND INSURANCE CO.

IDAHO NOTARY BOND

BOND NO.

KNOW ALL BY THESE PRESENTS, That we, _____
Of _____, _____, IDAHO as
Principal and CONTRACTORS BONDING AND INSURANCE CO., a corporation duly
licensed to do business in the State of Idaho, as Surety, are held and firmly bound unto the State
of Idaho, in the full and just sum of TEN THOUSAND (\$10,000.) Dollars, lawful money, to be
paid to the State of Idaho, for which payment well and truly to be made, we jointly and
severally bind ourselves, our successors and assigns, and each of them, firmly by these presents.

Dated this _____ day of _____, 20_____.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, That WHEREAS,
the Secretary of State of the State of Idaho, is about to appoint and commission the said
Notary Public in and for the State of Idaho, to have and to hold the said office with all the
privileges and emoluments to the same appertaining, during the term of six years, unless the
commission is sooner cancelled by the Secretary of State as in and by a commission to be
issued under the hands of the Secretary of State, and the Great Seal of Idaho more fully appears.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the
said Principal has faithfully and diligently performed, executed an discharged, and shall
continue faithfully and diligently to perform, execute and discharge all and singular the
duties of said office according to law, then this obligation to be void and of no effect,
otherwise to remain in full force and virtue.

X _____
Principal

CONTRACTORS BONDING AND INSURANCE CO.

BY: _____
Attorney-in-Fact

**LMI NOTARY SERVICE
208 JAMES STREET, SUITE B
SEATTLE, WA 98104
1-800-886-5299**

STATE OF IDAHO
APPLICATION FOR APPOINTMENT AS NOTARY PUBLIC



PLEASE READ CAREFULLY AND COMPLETE ALL ITEMS.
FAILURE TO COMPLETE THE ENTIRE FORM WILL CAUSE REJECTION OF YOUR APPLICATION.

I, _____, hereby apply for appointment to a commission as
Notary Public for the State of Idaho. I make the following statements in support of the application:

- (1) I am on this date at least eighteen (18) years of age.
(2) My gender is Male [] Female [] (check appropriate box).
(3) Former Name (if you have previously been commissioned in Idaho under another name): _____
(4) Have you previously been commissioned in Idaho?: No [] Yes []

(5) I reside at: _____
(Street Address)
_____, _____, _____
(City) (State) (Zip Code) (Phone Number)

(6) If I am not a resident of Idaho, I am employed or doing business in Idaho at _____
(Name of business)
_____, _____, _____
(Street Address) (City) (State) (Zip Code)

(7) The mailing address to which the certificate should be sent (if different from (5)) is _____
(Street Address or P. O. Box) (City) (State) (Zip Code)

(8) Name, address and phone number of insurance agency which wrote the notary bond: LMI Notary Service
(Name of Agency)
208 James Street, Suite B Seattle WA 98104 (206) 622-2643
(Address) (City) (State) (Zip Code) (Phone Number)

(9) Name of bonding company and bond number: Contractors Bonding and Insurance Company
(Company) (Bond Number)

- (10) I am able to read and write the English language.
(11) I have not been convicted of a serious crime nor removed from the office of Notary Public for official misconduct within the past ten (10) years.

NOTE: If the applicant cannot truthfully make the statements in Items (1), (6), (10), and (11) above, he or she is ineligible to hold the office of Notary Public, and should proceed no further with this application.

APPLICANT: Affix specimen of your (rubber stamp) seal here
(Seal can be purchased from office supply, stationery or stamp company) (SEAL)

OATH OF OFFICE

I _____, solemnly swear (or affirm) that the answers to all questions in this application are true, complete and correct; that I have carefully read the notary laws of this State and I am familiar with their provisions; that I will uphold the Constitution of the United States and the Constitution and laws of the State of Idaho; and I will faithfully perform, to the best of my ability, the duties of the office of Notary Public.

[Signature]
Applicant signature
State of Idaho)
County of _____) SS

Subscribed and sworn (or affirmed) before me
this _____ day of _____, 19_____.

[Signature]
Notary Public signature
My commission expires on _____ 19_____.

FOR SECRETARY OF STATES OFFICE USE ONLY
K:\Debbie\Notarics\Notary Application.pmf
March 1998