

Power of Attorney

Know all men by these presents that I,		and by these	and by these presents do make, constitute and appoint place and stead to act for me in the	
Court of County, Arizon	a State, in connection with t	he charge of		
now pending against me in said county; and to en	nter such plea as he may feel	is proper in connection wit	h the said charge, giving and granting unto	
my said attorney full power and authority to do a			-	
about the premises as fully, to all intents and pur	-			
revocation, hereby ratifying and confirming all th	at my said attorney or his su	bstitute shall lawfully do or	cause to be done by virtue hereof.	
In witness whereof, I have hereunto set my	hand and seal this	day of	, 20	
	Signature of Defendant			
State of Arizona				
County of Maricopa				
On this day,before me perso				
described in and who executed the foregoing inst	trument and (s)he thereupor	n acknowledged to me that	(s)he executed the same.	
	Notary Public			
	My Commission	Expires:		
		Lxpires		
FIDELITY INSURANCE COMPANY BE SURE ALL YOUR CO				
Signature of Agent		Signature of Indemnite	or	
-9	_			
	Promissor	ry Note		
Dollar Amount			ty and State	
This Note is being executed by the undersigned to forfeiture or estreature of the surety bond(s) exe			irety and its duly authorized Agents, upon	
			o pay to the order of International Fidelity	
Insurance Company. or Alliance Bail Bonds, LLC.				
interest thereon at the rate of 10 per cent, per ar				
this note further agree to waive and demand, no			-	
same has to be collected upon demand of an atto	orney, to pay reasonable atto	orney's fees for making such	collection. Deferred interest payments to	
bear interest from maturity at 10 per cent, per ar	num payable semi-annually.			
It is further agreed and specifically understood th	at this note shall become nu			
			appear in the proper court at the time or	
times so directed by the Judge or Judges of comp the defendant have been fulfilled and the Surety				
Signature of Defendant	Signature o	fIndemnitor		
Signature of Co-Indemnitor	Date		· · · · · · · · · · · · · · · · · · ·	

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