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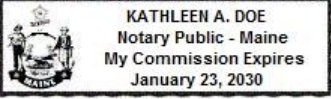
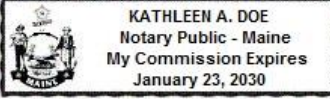
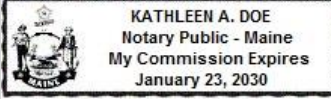

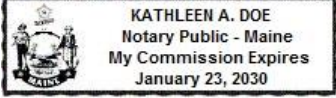


Serving Over A Million Notaries Nationally Since 1940

Notary Service and Bonding Agency, Inc.
Attn: Maine Notary Processing Dept.
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Email: info@notarybonding.com

Fax: 1-800-637-5992
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Notary Service and Bonding Agency, Inc. Order Form:

<p align="center">Maine New Notary Package</p> <p align="center">\$ 70.00</p> <p><u>Package Includes:</u></p> <p>\$ 5,000 Notary Errors & Omissions 7 Year Insurance Policy.</p> <p>Self-Inking Rectangular Seal Stamp (5,000 Impressions).</p> 	<p align="center">Maine New Notary Package</p> <p align="center">\$ 105.00</p> <p><u>Package Includes:</u></p> <p>\$ 10,000 Notary Errors & Omissions 7 Year Insurance Policy.</p> <p>Self-Inking Rectangular Seal Stamp (5,000 Impressions).</p> 	<p align="center">Maine New Notary Package</p> <p align="center">\$ 148.75</p> <p><u>Package Includes:</u></p> <p>\$ 25,000 Notary Errors & Omissions 7 Year Insurance Policy.</p> <p>Self-Inking Rectangular Seal Stamp (5,000 Impressions).</p> 	  <p align="center">Self-Inking Rectangular Seal Stamp. \$18.95</p>   <p align="center">Self-Inking Round Seal Stamp. \$20.95</p>
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Select Your Maine Notary Package:

- ME Notary Package \$5,000 E & O **\$ 70.00**
- ME Notary Package \$10,000 E & O **\$ 105.00**
- ME Notary Package \$25,000 E & O **\$ 148.75**

Additional Second Stamp:

- Self-Inking Rectangular Seal Stamp **\$ 18.95**
- Self-Inking Round Seal Stamp **\$ 20.95**

Official Notary Public Journal (Soft Cover):

- Official Notary Journal (Soft Cover) **\$ 7.00**

Required Information:

Name as Commissioned: _____

Commission Expiration Date: _____

County Commissioned In: _____

Mailing Address (Address, City, State & Zip Code):

Required Contact Information:

Phone: _____

Email: _____

Payment Options:

Check or money order number: _____

Payable to: Notary Service and Bonding Agency, Inc.

Charge My:

- Visa MasterCard
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Signature of Cardholder (Required for Credit Card Purchases)

Shipping & Handling Add: **\$ 5.95**

Grand Total Amount: \$ _____