

Complaint ID	Complainant	Type of Insurance	Complaint Created Date	Name of Insured
Redacted by NV DOI	Redacted by NV DOI	Fidelity/Surety/Bail	11-14-2014	Redacted by NV DOI

## Complainant Information

### Name

Prefix (eg: Mr, Ms, Mrs)

Redacted by  
NV DOI

First  
Redacted by  
NV DOI

Middle

Last

Redacted by  
NV DOI

Suffix (eg: Jr, III)

Submitting on behalf of  
Organization/Entity?

No

### Address

Address

Redacted by  
NV DOI

City

Las Vegas

State

Nevada

Zip Code

Redacted by  
NV DOI

Country

County

E-mail Address

Redacted by  
NV DOI

Telephone (Home)

Redacted by  
NV DOI

Telephone (Work)

Redacted by  
NV DOI

Ext.

Redacted by  
NV DOI

Telephone (Cell)

Redacted by  
NV DOI

Designate Primary Contact Phone Number

Designate Primary Method of Cell Communication

Both

## Insured Information

Are you the insured?

No

Relationship to Insured/Covered Person

Bail Bondsman

### Name

Prefix (eg: Mr, Ms, Mrs)

First

Redacted by  
NV DOI

Middle

Redacted by  
NV DOI

Redacted by  
NV DOI

Suffix (eg: Jr, III)

Organization Name

### Address

Address

Redacted by  
NV DOI

City

Las Vegas

State

Nevada

Zip Code	<b>Redacted by NV DOI</b>	Province
Country	County	<b>Redacted by NV DOI</b>
Telephone	<b>Redacted by NV DOI</b>	
Ext.	E-mail Address	

### Complaint Against

I am complaining against	No Agent	No
My Insurance Company	Yes Other Party's Insurance Company	No
Agency		
Other	No	

### Agency Information

Agent Prefix	Agent First	
Agent Middle	Agent Last	
Agent Suffix		
Agency Name	<b>Redacted by DOI</b>	
Street/Apt#		
City	Las Vegas	
State	Nevada	
Zip Code	89101 Province	
Country	County	Clark
Telephone	<b>Redacted by DOI</b>	
Ext		
E-mail Address	<b>Redacted by DOI</b>	

### Insurance Information

Does this complaint involve an individual that is medicare eligible?	Purchased Insurance on the Health No Care Exchange?	No
--	--	----

### Policy

Insurance Card ID Number	Policy Number
In what state was this policy sold?	
Type of Insurance	Fidelity/Surety/Bail

### Claim

Claim Number	Date of Loss/Incident	11-07-2014
Location of Loss/Incident		

### Other Party

### Complaint Details

**Type of Problem**

Bail

**Other Problem Type Description****Detail of Complaint**

On 11/07/2014 **Redacted by NV DOI** (co-signer) came into our office (located at **Redacted by NV DOI**) (Defendant) from Clark County Detention Center. Ms. **Redacted by NV DOI** was being charged with Domestic Battery (1St), which was a \$3,000 bond. So Mr. **Redacted by NV DOI** filled out all of the proper paperwork and paid \$500 via credit card. Now when we went down to the Clark County Detention Center to post bond for Ms. **Redacted by NV DOI** they told me another bail company had already posted bond for the same person. When I got back to the office, I called the Mr. **Redacted by NV DOI** to ask if they have gone somewhere else for the bond or if maybe one of her friends or relatives did. They replied "NO" that we were the only ones that they have spoke with and did not want any other bail company to post bond for Ms. **Redacted by NV DOI**. Well when Ms. **Redacted by NV DOI** was released from jail she came straight to our office and asked why did **Redacted by NV DOI** bail her out? That she did not know who they were or give them authorization to post her bond. Ms. **Redacted by NV DOI** is very upset because now someone from **Redacted by DOI** keeps calling her and demanding for \$500 for the bond, if not they said they would take her back to jail. I contacted **Redacted by DOI** today and they told me that they had "No one go into there office to co-sign or pay any money for the bond". "That she contacted them from inside the jail and self bonded her self out, all because she is a home owner". I did not think that was fair to Ms. **Redacted by NV DOI**.

**Describe what you would consider  
to be a fair resolution to your  
complaint**

Well to be fair would let the defendant choose who she wanted to bail threw. Not to be forced to bail threw a bonding company that she did not choose or her family. I don't understand how you can self bail with out a co-signer or paying any money up front. I thought us (Bail Agents) had to follow guidelines so things like this wouldn't happen and so that it would be fair to all the other bail companies out there trying to make money.

**Documentation and Declaration****Documentation**

Do you have supporting documents? If so, how will you send them to us?

Upload  Fax  Mail  None to supply

**Declaration/Authorization/Release**

0241

5/4/

I certify the information provided is true and accurate to the best of my knowledge and belief. I understand a copy of this form and attachments may be forwarded to the insurance company, agent, broker or other party with information about my complaint.

I Agree

I authorize my insurance company to release to the Nevada Division of Insurance any medical and financial or credit (if applicable) information which may be pertinent to the resolution of my complaint.\*

I Agree

#### Other

**Note: If you check yes, a copy of your complaint will be sent to the respondent, but we will not release information regarding your complaint to anyone else.**

Do you want your complaint and the information we obtain during our review to be kept confidential?

No Are you represented by an attorney? No

How did you hear about us?

Other

Redacted by  
NV DOI 3607



Department of Business and Industry

## Nevada Division of Insurance

### CONSUMER COMPLAINT FORM

Mail to: 1818 E. College Pkwy #103  
Carson City, NV 89706  
775-687-0700 Phone  
775-687-0797 Fax

Mail to: 2501 E. Sahara Ave #302  
Las Vegas, NV 89104  
702-486-4009 Phone  
702-486-4007 Fax

Initial this box if you want the Division of Insurance to treat records of your Consumer Complaint as confidential.

Are you represented by an attorney? Yes  No   
If yes, please be advised the Division may not be able to intercede on your behalf.

#### Your contact information

Name: Redacted by NV DOI

Address: Redacted by NV DOI

City: Redacted by NV DOI

State: Redacted by NV DOI

Zip: Redacted by NV DOI

Apt. #: Redacted by NV DOI

Home Phone: Redacted by NV DOI

Work phone: Redacted by NV DOI

Cell Phone: Redacted by NV DOI

Redacted by NV DOI

#### Policyholder information (if complaint is against other party's insurance)

Name of policyholder: Redacted by NV DOI

#### Insurance Information

Insurance company the complaint is against:

**Redacted by DOI**

Type of policy:  Group  Individual  Unknown

Policy No: Redacted by NV DOI Claim No: \_\_\_\_\_

If auto related, License Plate No: \_\_\_\_\_

Date of Loss/Accident/Incident: \_\_\_\_\_

Type of Insurance:

Auto  Home/Condo/Renters  Health  Life  Dental  
 Long Term Care  Medical Supplemental  Ext. Warranty/Service Contract

Agent/Agency Name: **Redacted by DOI**

**Define your problem****Please check all that apply:**

- Claim denial  
 Premium increase  
 Cancellation/non-renewal

- Unsatisfactory claim settlement  
 Claim Delay  
 Misrepresentation

- Billing problem  
 Refusal to Insure  
 Other

**Give a brief explanation of the problem:**

Redacted by DOI

Redacted by DOI

*Full Bond  
State Violation*

Bonds has violated the policy of my feeders for my daughter's vehicle from 1-1-2013 till now by repeatedly stating she has not been seen or paid off her vehicle up to date. Possessing fault of attorney fees up to date by my daughter of about \$10,000.00. I checked my car and my property car has not recall having signed my document authorizing what is no longer a permanent legal instrument to be held under revised NC Statute 143-90, bail and bonds. She further Redacted by DOI

Redacted by DOI

I believe I have has typed all the part of this document which she has illegal, and in violation of Statute without an expressed and causal

**Release for Information:**

- I certify that the information furnished by me in support of this Consumer Complaint is to the best of my knowledge true and correct.
- If this Consumer Complaint involves medical records or credit information, I hereby authorize my insurer or any other entity with medical information or credit information to provide the information to the Nevada Division of Insurance. Any medical or financial information released to the Division will be kept confidential.
- I have read and understand this release. I further represent that I am the person filing the Consumer Complaint and that it is my signature below.

Signature:

Redacted by  
NV DOI

Date:

12-13-14

*Page 2-continued*

**Define your problem****Please check all that apply:**

- Claim denial  
 Premium increase  
 Cancellation/non-renewal

- Unsatisfactory claim settlement  
 Claim Delay  
 Misrepresentation

- Billing problem  
 Refusal to insure  
 Other \_\_\_\_\_

**Give a brief explanation of the problem:**

*continued - (page 2)*

*To cause US Auto, I file a car for  
 illegally claim that they must  
 refuse and deny release of my  
 vehicle belonging to my daughter (her  
 agent) and I fully cooperated  
 division, power of attorney with  
 regard to her property issues  
 as of October 1, 2014.*

*Redacted by  
 NV DOI*

**Desired resolution:**

*Redacted by DOI*

*I want it to be  
 instructed to come and assist all  
 claim with regard to said vehicle  
 for them make a complete and  
 thorough examination of said claim  
 and compensation to be conducted  
 to ascertain fraud and deceit*

**Release for Information:**

- I certify that the information furnished by me in support of this Consumer Complaint is to the best of my knowledge true and correct.
- If this Consumer Complaint involves medical records or credit information, I hereby authorize my insurer or any other entity with medical information or credit information to provide the information to the Nevada Division of Insurance. Any medical or financial information released to the Division will be kept confidential.
- I have read and understand this release. I further represent that I am the person filing the Consumer Complaint and that it is my signature below.

**Signature:**

*Redacted by  
 NV DOI*

**Date:**

*12-13-14*

## LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_ Redacted by NV DOI  
 of \_\_\_\_\_ Redacted by NV DOI \_\_\_\_\_ Nevada, do hereby  
 nominate, constitute, and appoint \_\_\_\_\_ Redacted by NV DOI \_\_\_\_\_ my true and lawful  
 attorney in fact, for me and in my name, place and stead, and for my use and benefit  
 for the limited purpose of: Handling all my financial matters,  
securing and recovering my car from title loan  
company as well as to drive and/or sell it,  
and to access and remove my property from  
my storage.

GIVING AND GRANTING unto my said attorney in fact full power and authority  
 to do and perform the above mentioned act as fully as I might or could do if personally  
 present, with full power of substitution and revocation, hereby ratifying and confirming  
 all that my said attorney in fact shall lawfully do or cause to be done by virtue hereof,

IN WITNESS WHEREOF, I have hereunto signed my name this 2 day of  
October, 2014.

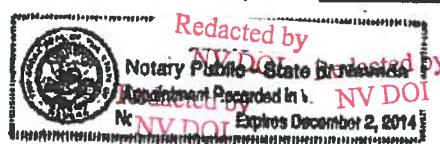
Redacted by  
NV DOI  
(Your signature)

STATE OF NEVADA )  
 )ss.  
 COUNTY OF WASHOE )

This instrument was acknowledged before me on October 2, 2014  
 by \_\_\_\_\_ Redacted by NV DOI

*This POA was signed  
 & complements daughter*

Redacted by  
NV DOI  
NOTARY PUBLIC, STATE OF NEVADA  
My Appointment Expires: 12-2-14



0254

This is a copy of the document  
that was given to the complainant  
by Redacted by DOI (last name unknown), manager of Redacted by DOI  
Redacted by DOI. I have recordings of Redacted by DOI  
POWER OF ATTORNEY claiming this document moves  
the vehicle belong to Redacted by DOI

That I, the defendant, by these presents do make, constitute and appoint MIKES FAMILY BAIL BONDS my true and lawful attorney for me and in my name, place and stead to act for me in the Court of my charges, the county, the State, in connection with the charges I was bailed out with. Now pending against me in said County; and to enter such plea as he may feel is proper in connection with the said charge, giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

State of Redacted by DOI

County of Redacted by DOI

Signature of Defendant Redacted by DOI



Redacted by NV DOI

NOTARY PUBLIC

STATE OF NEVADA

My Commission Expires: 01-16-17

Certificate No: Redacted by DOI

NV DOI

Date Redacted by DOI

IMPORTANT! American Surety Company accepts and authorizes its representatives to accept only specific forms of collateral as security.

THIS ACCEPTABLE COLLATERAL IS LIMITED TO:

1. CASH including cashier's checks, money orders, and certified checks.
2. Properly assigned SAVINGS ACCOUNTS represented by passbooks, or properly assigned CERTIFICATES OF DEPOSIT.
3. Properly assigned STOCKS AND BONDS.
4. REAL ESTATE evidenced by properly executed mortgages, deeds of trust or confessions of judgment in accordance with applicable state law.

IMPORTANT! This collateral security receipt and agreement should not be used except in conjunction with acceptable collateral. Representatives are not authorized to accept and American Surety Company is not responsible for any type or form of collateral other than collateral enumerated above.

TO DEFENDANT AND INDEMNITOR(S): YOU ARE ENTITLED TO A SIGNED RECEIPT FOR COLLATERAL YOU HAVE GIVEN TO THE BONDING AGENT TO SECURE AND INDEMNIFY THIS BOND PURSUANT TO THE TERMS OF THIS AGREEMENT. ANY PROPERTY DEED OR MORTGAGE MUST BE TAKEN IN THE NAME OF AMERICAN SURETY COMPANY. BE SURE ALL YOUR COLLATERAL IS ITEMIZED ON YOUR COLLATERAL RECEIPT.

#### PROMISSORY NOTE

On demand after date, for value received, Promise to pay to the order of AMERICAN SURETY COMPANY or assigns at Mikes Family Bail Bonds, with interest thereon at the rate of 0% per cent, per annum from Call Date until fully paid. Interest payable semi-annually. The maker and endorser of this note further agree to waive demand, notice of non-payment and protest; and in case suit shall be brought for the collection hereof, or the same has to be collected upon demand of attorney, to pay reasonable attorney's fees for making such collection. Deferred interest payments to bear interest from maturity at zero per cent, per annum payable semi-annually. It is further agreed and specifically understood that this note shall become Null and Void in the event the said defendant shall appear in the proper court at the time or times so directed by the Judge or Judges of competent jurisdiction until the obligations under the appearance bond or bonds posted on behalf of the defendant have been fulfilled and the Surety discharged of all liability therunder, otherwise to remain in full force and effect.

DATE Redacted by DOI

Defendant Redacted by DOI

NV DOI

Indemnitor Redacted by DOI

NV DOI

Co-Indemnitor Redacted by DOI



Redacted by NV DOI

NOTARY PUBLIC

STATE OF NEVADA

My Commission Expires: 01-16-17

Certificate No: Redacted by DOI

NV DOI

The vehicle in question is a 2003 KIA Rio, now being held by Auto Title loan on Glendale. ATL refuses to release vehicle to complainant

0255

Suspect's Employment: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

DEPARTMENT OF JUSTICE

School: \_\_\_\_\_

PARENT'S NAME

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

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

SPOUSE'S NAME

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

Brothers or Sisters:

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

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

Employer or School: \_\_\_\_\_

EMPLOYER

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

Best Friend: \_\_\_\_\_

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

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

Defendant's Attorney: \_\_\_\_\_

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

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

DEFENDANT'S ATTORNEY'S FIRM

Redacted by DOI

THIS document was given to complainant  
purporting to be proof of  
signing over the vehicle.

Redacted by  
NV DOI

0256



Department of Business and Industry

## Nevada Division of Insurance

### CONSUMER COMPLAINT FORM

Mail to: 1818 E. College Pkwy #103  
Carson City, NV 89706  
775-687-0700 Phone  
775-687-0797 Fax

Mail to: 2501 E. Sahara Ave #302  
Las Vegas, NV 89104  
702-486-4009 Phone  
702-486-4007 Fax

Initial this box if you want the Division of Insurance to treat records of your Consumer Complaint as confidential.

Are you represented by an attorney? Yes  No   
If yes, please be advised the Division may not be able to intercede on your behalf.

#### Your contact information

Name: \_\_\_\_\_

Redacted by  
NV DOI

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

Redacted by  
NV DOI

City: Las Vegas

State: NV

Apt. # Redacted by  
NV DOI

Zip: Redacted by  
NV DOI

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

Work phone: \_\_\_\_\_

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

Redacted by  
NV DOI

Email: \_\_\_\_\_

#### Policyholder information (if complaint is against other party's insurance)

Name of policyholder: \_\_\_\_\_

#### Insurance information

##### Insurance company the complaint is against:

Type of policy:  Group  Individual  Unknown

Policy No: \_\_\_\_\_

Claim No: \_\_\_\_\_

If auto related, License Plate No: \_\_\_\_\_

Date of Loss/Accident/Incident: \_\_\_\_\_

Type of insurance:  Auto  Home/Condo/Renters  Health  Life  Dental  
 Long Term Care  Medical Supplemental  Ext. Warranty/Service Contract  
 Other: \_\_\_\_\_

Agent/Agency Name: \_\_\_\_\_

## Define your problem

Please check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Claim denial             | <input type="checkbox"/> Unsatisfactory claim settlement | <input type="checkbox"/> Billing problem   |
| <input type="checkbox"/> Premium increase         | <input type="checkbox"/> Claim Delay                     | <input type="checkbox"/> Refusal to insure |
| <input type="checkbox"/> Cancellation/non-renewal | <input type="checkbox"/> Misrepresentation               | <input type="checkbox"/> Other: _____      |

Give a brief explanation of the problem:

yo contacte un b&f bonds al numero Redacted by DOI x una Persona me dice que habla a este numero me contesta una Persona llamada Redacted by NV DOI me dice que fuera de la oficina me dio la direccion Redacted by DOI (Las Vegas) Nro 89110 me presento con a que me ayude a poder sacar a miyo del Oficio chequera la Computadora x dice que si me va a poder ayudar me pido cuanto trae de dinero se le dice que tenia 1800 y en titulo de una Camioneta x esa Camioneta estan al nombre de miyo x de mi marido dyo estuvieron yo te te ayudo por que esta a nombre de mi marido el no va a firmar el titulo le dice que por que lo no va a firmar dyo que nomas mientras me ayudava x se desesperada x al fin de cuentos no nos ayudo me trae con mentiras despues de dias no me contesta el telefono mensajes x no me los contestava

### Release for Information:

- I certify that the information furnished by me in support of this Consumer Complaint is to the best of my knowledge true and correct.
- If this Consumer Complaint involves medical records or credit information, I hereby authorize my insurer or any other entity with medical information or credit information to provide the information to the Nevada Division of Insurance. Any medical or financial information released to the Division will be kept confidential.
- I have read and understand this release. I further represent that I am the person filing the Consumer Complaint and that it is my signature below.

Redacted by  
NV DOI

Signature:

Date: 1-8-15



Department of Business and Industry

517

REC'D  
DEC 3 2014

# Nevada Division of Insurance

## CONSUMER COMPLAINT FORM

Mail to: 1818 E. College Pkwy #103  
Carson City, NV 890706  
775-687-0700 Phone  
775-687-0797 Fax

Mail to: 2501 E. Sahara Ave #302  
Las Vegas, NV 89104  
702-486-4009 Phone  
702-486-4007 Fax

Initial this box if you want the Division of Insurance to treat records of your Consumer Complaint as confidential.

Are you represented by an attorney? Yes        No         
If yes, please be advised the Division may not be able to intercede on your behalf.

### Your contact information

Name: Redacted by NV DOI  
Address: Redacted by NV DOI  
City: Redacted by NV DOI Apt. #: \_\_\_\_\_  
Home Phone: Redacted by NV DOI State: Redacted by NV DOI Zip: Redacted by NV DOI  
Cell Phone: Redacted by NV DOI Email: \_\_\_\_\_

### Policyholder information (if different than above)

**Redacted by DOI**  
Name of policyholder: \_\_\_\_\_

### Insurance information

Insurance Company:	<b>Redacted by DOI</b>			
Type of policy:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Unknown	
Policy No:	Claim No: _____			
If DMV related, License Plate No: _____				
Date of Loss:	<u>3-18-14</u>			
Type of insurance:	<input type="checkbox"/> Auto	<input type="checkbox"/> Home/Condo/Renters	<input type="checkbox"/> Health	<input type="checkbox"/> Life
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Medical Supplemental	<input type="checkbox"/> Ext. Warranty/Service Contract	<input type="checkbox"/> Dental	
<input type="checkbox"/> Other: <u>BCI</u>				
Agent/Adjuster Name:	<u>Bell Banks</u>			

## Define your problem

Please check all that apply:

- Claim denial  
 Premium increase  
 Cancellation/non-renewal

- Unsatisfactory claim settlement  
 Claim Delay  
 Misrepresentation

- Billing problem  
 Refusal to insure  
 Other: Scam

Give a brief explanation of the problem:  
**Redacted by DOT**

I . **Redacted by NV DOI** I was騙了 out through  
I called on 5-14 I payed a collect call  
on 6-26-14 & I was collect call  
on 10-4-14 and I put in my application for my submit on my  
car's name and received no call or time (and any kind of contact from  
them ever since.

### Release for Information:

- I certify that the information furnished by me in support of this Consumer Complaint is to the best of my knowledge true and correct.
- If this Consumer Complaint involves medical records or credit information, I hereby authorize my insurer or any other entity with medical information or credit information to provide the information to the Nevada Division of Insurance. Any medical or financial information released to the Division will be kept confidential.
- I have read and understand this release. I further represent that I am the person filing the Consumer Complaint and that it is my signature below.

Signature: **Redacted by NV DOI**

Date: 12-31-19

Redacted by DOI

Redacted by DOI



Redacted by  
NV DOI 517

## APPLICATION FOR RETURN OF: COLLATERAL OR PREMIUM

COLLATERAL  PREMIUM

Date: 10-6-14

### INSTRUCTIONS:

1. The information below must be filled out completely by the Premium and/or Collateral depositor only. Your signature must be notarized for return of collateral.
2. A legible clear copy of depositor's Government issued identification must be attached. Drivers license or Matricula Card acceptable.
3. A copy of the Premium Receipt or Collateral Receipt must be attached.
4. All documents must be returned by mail to:

Collateral / Premium Department  
Redacted by DOI

Las Vegas, Nevada 89101

5. If your request is returned to you and/or marked "DENIED, BOND NOT YET EXONERATED" do not resubmit within 45 days from date of denial.
6. All refunds are subject to "Fees Schedule" deductions if applicable.
7. All refunds take a minimum of 15 days to process and may take up to 30 business days, NOT including holidays.
8. Collateral will be eligible for refund upon receipt of Discharge from the Court ONLY.

Name: Redacted by NV DOI

Address: Redacted by NV DOI

Phone: Redacted by NV DOI

City, State, Zip: Las Vegas NV Redacted by NV DOI

Name of Defendant we bailed out: Redacted by NV DOI

10/06/14

Signature: Redacted by NV DOI

Date: Redacted by NV DOI

APPROVED  DENIED

Reason for Denial: \_\_\_\_\_

SIGNED AND SWORN TO BEFORE ME  
COUNTY, STATE OF Nevada

Redacted by  
NV DOI

NOTARY PUBLIC IN AND FOR \_\_\_\_\_

Clarke

THIS 6 DAY OF October, 2014.

SIGNATURE OF NOTORIAL OFFICER: \_\_\_\_\_

(OFFICIAL NOTARY SEAL)



Redacted by DOI Redacted by DOI

1



## COLLATERAL RECEIPT

RECEIPT NO.: Redacted by  
NV DOI

Redacted by DOI

Date 3/18/14

NAME: \_\_\_\_\_

Redacted by  
NV DOI

ADDRESS: \_\_\_\_\_

Redacted by  
NV DOI

In Connection with a Bail Bond for: \_\_\_\_\_

LAS VEGAS NV  
~~#~~ SELF Redacted by  
NV DOI

In the amount of: \_\_\_\_\_

\$ 4,157.00

The following described collateral: \$2,088.00 CASH THIS MORTY WILL BE

REFURNED TO IT'S ORIGINAL DEPOSITOR ONCE WE HAVE RECEIVED OUR  
ORIGINAL EXONERATION FROM THE COURT.

Said Collateral is deposited as security for the payment of any sums which may become due to ACME Bail Bonds or its Sureties by the terms of the Bail Bond Agreement executed for said Bond(s) by the said Depositor and Indemnitors, all of the terms which are made a part of this receipt by this reference. Collateral will be returned only to depositor. No collateral will be returned until the Court has furnished written evidence the bond has been exonerated and this receipt is returned.

If collateral taken in connection with this bond, a collateral receipt must be issued.

PAID BY: \_\_\_\_\_

Redacted by  
NV DOI

PAYER

RECEIVED BY: \_\_\_\_\_

AGENT

Returned Collateral

Date Returned \_\_\_\_\_

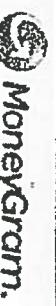
Returned By: \_\_\_\_\_

Received By: \_\_\_\_\_

CHERYL - COURT CLERK 3: Present  
 PELAS, VERONICA - INTERPRETER:  
 Present WEBSTER ESQ, STEPHEN C -  
 SENIOR DEPUTY CITY ATTORNEY:  
 Present Prosecutors: CITY ATTORNEY:  
 Present Parties:

04 03 2014 DEFENDANT'S ATTORNEY PRESENT	<i>Redacted by NV DOI</i>	0.00	0.00
04 03 2014 BENCH WARRANT STANDS		0.00	0.00
04 03 2014 COURT ORDERED: IF \$1000 PAID		0.00	0.00
QUASH BW & SET NEW COURT DATE			
04 03 2014 EVENT COMPLETED	The following event: MOTIONS scheduled for 04/03/2014 at 8:00 am has been resulted as follows:	0.00	0.00
Result: EVENT COMPLETED Judge: HOEFFGEN, SEAN Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2			
04 03 2014 MOTION DENIED		0.00	0.00
03 27 2014 ARRAIGNMENT AND SENTENCING	HEARING SCHEDULED Event: MOTIONS Date: 04/03/2014 Time: 8:00 am Judge: HOEFFGEN, SEAN Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2 Result: EVENT COMPLETED	0.00	0.00
03 27 2014 MOTION TO QUASH NO PLEA	Attorney: <i>Redacted by NV DOI</i>	0.00	0.00
03 27 2014 CASE REACTIVATED		0.00	0.00
03 12 2014 WARRANT PRINTED BW NO PLEA	Sent on: 03/12/2014 15:14:24.97	0.00	0.00
03 12 2014 ALERT ISSUED ACTIVE WARRANT	issued on: 03/12/2014 For: <i>Redacted by NV DOI</i> , Amt: 0 Bond Type: <i>NV DOI</i>	0.00	0.00
03 12 2014 BENCH WARRANT ISSUED NO PLEA - CNOR FULL BAIL	The following event: ARRAIGNMENT scheduled for 03/12/2014 at 8:00 am has been resulted as follows:	0.00	0.00
Result: BENCH WARRANT ISSUED NO PLEA - CNOR FULL BAIL. Judge: SCHULKE, KURT Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 1			
03 12 2014 PRESIDING JUDGE AND STAFF	ATTENDING IN-COURT Court Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2 Check In: Judge: SCHULKE, KURT Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2 Staff: CURTIS, DAVITA - COURT CLERK 3: Present PALOMO, GUILLEMO - INTERPRETER: Present PHILLIPS, KIMBERLY - DEPUTY CITY ATTORNEY: Present WALLER, DAWNA	0.00	0.00

- COURT CLERK 3: Present Prosecutors;  
CITY ATTORNEY: Present Parties:  
02/18/2014 ARRAIGNMENT AND SENTENCING 0.00 0.00  
HEARING SCHEDULED The following event: CITATION APPEARANCE DATE scheduled for 03/26/2014 at 12:00 am has been rescheduled as follows: Event: ARRAIGNMENT Date: 03/12/2014 Time: 8:00 am Judge: HOEFFGEN, SEAN Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 2  
02/18/2014 CASE IS RESET W/O/C The following event: CITATION APPEARANCE DATE scheduled for 03/26/2014 at 12:00 am has been resulted as follows: Result: HEARING RESET Judge: NORTH LAS VEGAS MUNICIPAL COURT Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 1  
01/15/2014 APPEARANCE DATE SET BY OFFICER 0.00 0.00  
Event: CITATION APPEARANCE DATE  
Date: 03/26/2014 Time: 12:00 am Judge:  
NORTH LAS VEGAS MUNICIPAL COURT Location: NORTH LAS VEGAS MUNICIPAL COURT DEPT. 1 Result:  
HEARING RESET



Valid Money Order includes: 1. Heat sensitive red stop sign AND 2. Contains a True Watermark now up to 100% to view.

3



INTERNATIONAL MONEY ORDER  
741512  
4732

To Validate: Touch the stop sign,  
then watch it fade and reappear.



**Redacted by  
NV DOI**



**Redacted by  
NV DOI**

0289

MONEY ORDER NUMBER

**Redacted by  
NV DOI**

CALL 1-800-542-3220 TO VERIFY

PAY TO THE  
ORDER OF  
PAGAR A LA  
ORDEN DE:

**Redacted**

AMOUNT IN WORDS

**Redacted**

PURCHASED BY **Redacted** NV DOB: **Redacted** LUNADOR

ADDRESS/

**Redacted**

DIRECCION:

**Redacted**

PAYABLE THROUGH **Redacted** ISSUER DRAWER:

**Redacted**

CITIZENS ALLIANCE BANK

MINNEAPOLIS, MN

CHILO CITY, MN

MINNEAPOLIS, MN

Valid Money Order includes: 1. Has a serial number and 2. Contains a True Watermark fixed up to print to view.

INTERNATIONAL MONEY ORDER  
25-1916  
9/16



Redacted by  
NV DOI

To Validator: Touch the stop sign, then watch it fade and reappear

Redacted by  
NV DOI

ORDER NUMBER

Redacted by

PAY TO THE ORDER OF PAGAR A LA ORDEN DE:

IMPORTANT: SEE BACK SIDE FOR CASHING

CALL 1-800-527-3590 TO VERIFY  
PUNTORED, SIGNATURE DRAWER / CONSIGNATARIO, PAGAR A LA, ORDE

NUMBER IN WORDS: **Las Vegas, Nevada**

Redacted by  
DIRECTION:

Payable "Citizens Alliance Bank",  
Clara City, MN

ISSUE DATE ANSWER:  
AMERICAN PAYMENT SYSTEM INC.

PAY EXACTLY

FIVE HUNDRED FIVE DOLLARS 00 CENTS

Redacted by  
NV DOI

INTERNATIONAL MONEY ORDER  
7-916

DATE HERE

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