

Bond No. _____

State of Oklahoma
Long Term Care Facilities Residents Fund Bond

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____
owner/representative of _____
as principal, and _____ as Surety, hereby bind
ourselves unto the State of Oklahoma in the penal sum of _____ Dollars
(_____), the payment of which we bind ourselves, our heirs, executors,
administrators, and assigns, for the benefits and use of the residents of said facility who deposit,
or have deposited, or managed for them, residents' funds as provided for in the Official Code of
Oklahoma. The liability of the Surety for any and all losses incurred under this bond shall not
exceed the stated penal sum.

THE CONDITIONS OF THIS BOND ARE SUCH THAT, if the Principal faithfully accounts
for all residents' funds so received or managed, and disburses or expends such funds only as
requested or required under the provision of the Official Code of Oklahmoa, that this obligation
shall be void, otherwise to remain in full force and effect.

This obligation may be cancelled by said Surety by giving thirty (30) days notice in writing of
its intention to do so to said Principal and the State of Oklahoma, and the Surety shall be relieved
of any further liability under this bond thirty (30) days after receipt of said notice by the Principal
and the State of Oklahoma, provided however, that the Surety shall not be discharged from any
liability already accrued.

IN WITNESS THEREOF, this Principal has caused these presents to be executed by affirms
hereto his/her signature, and the Surety has caused these presents to be executed by the signature
of its Attorney in Fact _____ and its corporate seal to be affixed hereto, this _____ day of
_____, _____.

Principal

By: _____
Committee Member

Surety

(Surety Corporate Seal)

By: _____
Attorney in Fact