

DISPENSING ORGANIZATION REGISTRATION SURETY BOND

Executed in _____
(City, State)

on this _____ day of _____, _____.
(Month) (Year)

Witness: _____,
Name of Principal

By: _____,
Signature of Principal / Title

Address: _____

Witness: _____,
Surety Name

By: _____,
Attorney-in-Fact

Address: _____

Correspondence to Department of Financial and Professional Regulation shall be sent to:

Deputy Director of Medical Cannabis
Department of Financial and Professional Regulation
Division of Professional Regulation
100 West Randolph, 9th Floor
Chicago, IL 60601
(312) 814-1690

ACKNOWLEDGMENT OF SURETY

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

Subscribed and sworn before me:

Signature of Notary Public

Date