## SURETY BOND FOR CHARTER VESSELS WITH CORPORATIONS

	BOND NO	BOND NO		
KNO	NOW ALL MEN BY THESE PRESENTS:			
THAT	HAT	whose	e address	
is	(Name of Corporation and any assumed business names listed on the application)			
and	nd ,	as	Principal,	
		whose	address	
is				
and	, as Si	urety,	are held	
paym	mly bound unto the STATE OF OREGON in the sum of Five Thousand and no/100 Dolayment of which well and truly to be made, we hereby bind ourselves, our hedministrators, successors and assigns, jointly and severally by these presents.			
	<b>THEREAS</b> , the said Principal, above-named, has applied to the STATE OF OREGON Not charter vessel license:	<i>l</i> larine	Board for	
busin Chap or fra	<b>OW, THEREFORE,</b> if said Principal, herein named and his/her employees shall usiness operating a licensed charter vessel pursuant to the terms required by Oregon R hapter 830, and will faithfully perform his/her contracts with and duties to his/her patrol fraudulent representation, then this obligation shall be void and of no effect; other main in full force and effect, subject however, to the following conditions:	evised ns with	l Statutes, nout fraud	
1.	The aggregate liability of the Surety for all or any defaults of the Principal hereu event exceed the above set forth penalty of this bond.	The aggregate liability of the Surety for all or any defaults of the Principal hereunder shall in no event exceed the above set forth penalty of this bond.		
2.	This bond may be canceled by the Surety at any time as to the accrual of future liability hereunder by giving thirty (30) days advance written notice to the Obligee such to be forwarded by registered mail to the Obligee. It being understood and agreed, however, that the Surety will be liable for any liability accruing up to the effective date of said cancellation notice, in no event, however, in excess of the penalty of this bond.			
<b>SIGN</b> 20	IGNED AND DATED this day of		,	
	Principal			
COUI	OUNTERSIGNED: By			
Ву:	y:			
Lic	Licensed Oregon Resident Agent Surety			
Ву				
	Address Attorney-in-Fact			