Division Use Only — DLN Stamp		Division Use Only — Date Stamp		
~			Surety Instrument №	
S THE STA	State of New Je	1 57011		
LE MARCHANICA		* ** * * * * * * * * * * * * * * * * *		



Send to: Division of Taxation

PO Box 187 Trenton, NJ 08695-0189 Pursuant to P.L. 2014, C. 85 and N.J.S.A. 52:4D-1 et seq.

Form I	NPM-B New Jersey Non-Par	ticipatir	ng Manufacturer Bond				
Submiss Quarter and 1. January 3 2. April 30, 2 3. July 31, 2 4. October	31, 20 20 0	***The Bond Must be an Amount Equaling the Greatest Required Escrow Due from the Non-Participating Manufacturer or its Predecessor for any of the Four Preceding Calendar Years or \$25,000, Whichever Amount is Higher*** ***This Bond Must be Posted or Updated Quarterly as a Condition to the Inclusion of a Non-Participating Manufacturer in the Directory of Manufacturers***					
Manufacturer							
Name		Primary Co	ntact Name				
DBA		Phone					
Tax ID №		Email					
Mailing		Business					
Address		Address					
Corporate Agent to the Manufacturer			Surety				
Name		Name	<u> </u>				
Address		Address					
Email	Phone:	Email	Phone:				
Surety Instrument (Attach Proof of Surety)							
Amount	Issue Date		Period Covered				

The individual named as the Bonding Agent is held and firmly bound to the State of New Jersey in the aggregate sum of this bond, to be paid to the State of New Jersey by the Bonding Agent or its successors, executors, administrators and assigns, both jointly and severally. The condition of this obligation is such that, if the above bounden faithfully performs and discharges all the requirements and duties imposed under P.L. 2014, C. 85 and N.J.S.A. 52:4D-1 et seq., including deposit of all escrow, payment of penalties and/or interest, and any other obligation, then this obligation is to be void; otherwise to remain in full force and virtue. This bond shall be posted or updated quarterly in the required amount and proof of the sufficiency of such bond shall be submitted to the Division quarterly.

Primary	Signature of Manufacturer	Signature of Surety	
	Primary Signature*	Signature †	
	Printed Name	Printed Name	
	Primary Signatory's Title Date Signed	Primary Signatory's Title Date Signed	
Witness	Witness' Signature*	Witness' Signature †	
	Printed Name	Printed Name	
	Witness' Title Date Signed	Witness's Title Date Signed	

*By signing, the manufacturer authorizes the State of New Jersey to make available to the Surety any documents, schedules, returns, or any other information related to this bond.

† By signing, the Surety agrees to accept any documents, schedules, returns or other information from the State of New Jersey as sufficient evidence of liability for this bond.

Acknowledgement						
State of New Jersey	e of New Jersey)		Date of Acknowledgement			
County of)					
acknowledgement to affirm	and verify th	ve of the manufacturer named nat he/she is authorized to exec nd for the act and deed of the r	cute the forgoing instrume			
Notary Seal						
-			Signature of Notary			
			Printed Name	Expiration of Commission		