## MARYLAND BAIL BOND PREMIUM RECEIPT RECEIPT NO.:\_\_\_\_\_ AND STATEMENT OF CHARGES

I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of the premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

1.	Date Payment Made			
2.	Amount Received		Dollars (\$	)
3.	n the form ofcashcheck money ordercredit card other			
4.	Payer's Name			
	First	Middle	Last	
5.	Payer's Address	City	State	Zip
	In connection with a Bail Bond(s) for Defendant	•	Silico	2p
٥.	The confidence with a said sense, 151 sense, 151	First	Middle	Last
7.	Bail Bond Amount(s)	Power Nos. (if known)_		
8.	Court Name			
9.	Bail Bond Premium		\$	
10.	. Amount Paid		\$	
11.	. Balance Due		\$	
12. Was collateral taken?  Yes No If yes, collateral receipt #				
into and made a part hereof by reference.  PAID BY:		RECEIVED BY:		
Payer Signature		Bail Producer Signature		
Payer Name (PRINTED)		Bail Producer Name (PRINTED)		
		Bail Producer License No.		
~		E IN MARYLAND ONLY		
Surety: LEXINGTON NATIONAL INSURANCE CORPORATION P.O. Box 6098 Lutherville, Maryland 21094 Phone: (888) 888-2245		Bail Producer Firm: [mus license no.]	t include name, addı	ress, phone no., and

White - Producer Copy • Yellow - Payer Copy

R © 2016 Lexington National Insurance Corporation

MD - Bail Form No. 3 NCR *Revised 3/22/16*