APPENDIX D

(COMPANY NAME AND ADDRESS TO BE INSERTED)

________________________________________________________________________

No.________

QUALIFYING POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That (Name of Company) a (Corporation) (or Partnership) (or Sole Proprietorship) having its principal office at (City)__________, (State)__________, does hereby make, constitute and appoint (Agent)__________, with limited authority, its true and lawful Agent and Attorney-in-Fact, with full power and authority hereby conferred to sign, execute, acknowledge, and deliver for and on its behalf as Surety, subject to the limitations herein set forth, any and all papers and documents necessary or incidental to making of Bail Bonds in Judicial Proceedings, whether criminal or civil, appeal bonds or any other kind of appearance bond in any State Court, County Court or District Court, not to exceed the amount of

$ (Insert Power Amount)

for any and all bail bonds and recognizances, provided that the said Attorney-in-Fact shall attach to every bond or undertaking a separate numbered Power of Attorney designating his authority, otherwise, said bond or undertaking shall be deemed null and void. A specimen copy of said separate numbered Power of Attorney is attached hereto.

The acknowledgment and execution of any such documentation by the said Attorney-in-Fact shall be binding upon this Company.

IN WITNESS WHEREOF, The said (Name of Company) has caused these presents to be executed by (Name and Title of Corporate Officer/Partner/Proprietor) this _______ day of _____________________, 20______

(Name of Company)

(Corporate Officer, Partner or Proprietor)

State of Arkansas

) ss

County of ____________________________

On this _______ day of _____________________, 20______, before me, a Notary Public, personally appeared ____________________________, who being by me duly sworn, acknowledged that he/she signed the above Powers of Attorney as Authorized Representative of the said (Name of Company) ________ and acknowledged said instruments to be the voluntary act and deed of said Company.

My Commission Expires:

_________________________________________

Notary Public

_________________________________________

Agent/Attorney-in-Fact