Form #2301 Rev. 01/2019

**Return To:** 

American Association of Notaries, Inc.



## This space reserved for SOS use

P.O. Box 630601 Houston, TX 77263					
If renewing, mark this box:	APPLICATION FOR A				
Commission Expires://	TEXAS NOTA	RY PUBLIC			
	Identifying In	nformation			
	Please Type or 1	Print Legibly			
Name to be used as notary public: (This is to	the name you will be requi	red to sign when notari	zing.)	Social Security No.:	
Last First		Middle (not required)	Suffix	Required by TX Gov't Code §406	
Mailing Address: (Please notify the secretary of state of an address		TX		Residence County:	
Street Suite or Apt. No.	City	State Zip			
Email address for return of commission (Your commission will come from notarypubl		us and now will NOT w	aaina waatau	ials by mail )	
·				•	
Date of Birth: / /	Driver's License or Identi	fication No.:		Issuing state:	
	Statements Relating	To Qualification			
I, the above-named applicant, have never	r been convicted of a fel	ony or crime involvi	ing moral	turpitude, am at least 18 years	
of age and a legal resident of Texas. {All	l applications are subject	to a background che	ck.}		
Please select one of the following:  A. I have been found guilty of a crit following for each crime: (1) copi statement of (i) the nature, circum	es of court order and sent enstances, date, and locate	tence, and papers per ion, and <b>(ii)</b> whether	taining to r the case is	elease from probation; and (2) a on appeal.) {A conviction for a	
B. I have never been found guilty of violations such as speeding.	= -			· =	
	Notary Public				
KNOW ALL PERSONS BY THESE PRESE	(This space reserved for ag	ency/bonding company)			
That we, the above-named applicant,	as principal, and W	estern Surety Con		, as surety, a corporation	
duly licensed to do business in the state o successors in office, in the sum of TEN THO heirs, executors and administrators jointly a duties of the office of notary public.	OUSAND DOLLARS for t	he payment of which, won of this bond, the abo	well and trui	ly be made we bind ourselves, our	
Agency Name: American Assoc. of Nota	ries, Inc. Address: 881	1 Westheimer, Suite	207 Houst	on, TX 77063	
Date: 08/31/2021	08/31/2021 Kal S. Vabbarg				
	Signat	ure of authorized person			
	Statement of	of Officer			
I, <u>the above-named applicant</u> , do solemn pay, contributed, or promised to contribute any of a vote at the election at which I was elected God.	money or thing of value, or	promised any public off	ice or emplo	syment for the giving or withholding	
	Execu				
I declare under penalty of perjury that the facts and with this Application is true and correct an agree to be bound by the terms and conditions	d that I am not disqualified	by law or any other reas			
Date:	X	Lisa An	ne Con	tilias #I to be used as notary public)	
	Signature of Applicant (s	sion in name oiven ah	ove on line:	#1 to be used as notary public)	

Signature of Applicant (sign in name given above on line #1 to be used as notary public)