

STATE OF NEW HAMPSHIRE  
CONDOMINIUM EXEMPTION BOND

BOND # \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_,

(Declarant)

with a principal place of business at \_\_\_\_\_,

as Principal, and \_\_\_\_\_,

(Surety Name and Address)

authorized to do business in the State of New Hampshire, as Surety, are held and firmly bound unto

the \_\_\_\_\_ and Attorney General of the State of New

(Unit Owners' Association)

Hampshire, as Obligees, in the sum of \_\_\_\_\_ Dollars, lawful money of the

United States of America to be paid to either of said Obligees, for which the true payment thereof the

Principal and Surety bind themselves, their successors and assigns, jointly and severally, firmly by

these presents, signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

THE CONDITION OF THIS OBLIGATION IS SUCH, that, whereas the Principal is engaged  
in the construction of \_\_\_\_\_, located in \_\_\_\_\_,

(Condominium Name)

if the Principal shall complete all improvements other than units in the \_\_\_\_\_,

(Condominium Name)

as described in the application for exemption from registration filed with the Consumer Protection

and Antitrust Bureau of the Office of the Attorney General on \_\_\_\_\_,

(Filing Date)

by \_\_\_\_\_, then this obligation shall be null

(Date Two Years From Filing Date)

and void; otherwise it shall remain in full force and effect.

Any unit owner who is a member of the \_\_\_\_\_,

(Unit Owners' Association)

or the Attorney General of the State of New Hampshire, or his designee, may proceed against this

bond.

This aggregate liability of the Surety on this bond shall in no event exceed the amount of the bond.

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| Witness | Signature of Surety | (Seal) |
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|------|---|------|
| Date | Name and Title of Signatory<br>(Please Print) | Date |
|------|---|------|

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|         |                        |        |
|---------|------------------------|--------|
| Witness | Signature of Principal | (Seal) |
|---------|------------------------|--------|

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|------|---|------|
| Date | Name and Title of Signatory<br>(Please Print) | Date |
|------|---|------|