




**STATE FARM INSURANCE COMPANIES
RECEIPT OF PAYMENT**

PAYMENT DATE: 12-17-2014

POLICYHOLDER(S)
EDWARD L SPARKS
PO BOX 1532
LEXINGTON, KY 40588-1532

POLICY DESCRIPTION/POLICY NUMBER	CHECK / REF #	AMOUNT
SURETY BOND 97-EN-3247-2 F	3U32Y6HU	\$127.98

TOTAL AMOUNT PAID: \$127.98



AUTHORIZED SIGNATURE:
ROBERT GOH

AGENT
GOH INSURANCE AGENCY INC
P O BOX 69
VERSAILLES, KY 40383-0069
(859) 873-7777

THANK YOU FOR YOUR PAYMENT ON THE ABOVE POLICY(IES). PAYMENTS ARE RECEIVED SUBJECT TO COLLECTION AND POLICY PROVISIONS. WE APPRECIATE YOUR BUSINESS.