



**STATE FARM INSURANCE COMPANIES**

**RECEIPT OF PAYMENT**

**PAYMENT DATE:** 12-19-2014

**POLICYHOLDER(S)**

JIM MCKENZIE  
PO BOX 24404  
LEXINGTON, KY 40524-4404

**POLICY DESCRIPTION/POLICY NUMBER**

SURETY BOND  
97-EN-4061-8 F

**CHECK / REF #**

000003U3AL277

**AMOUNT**

\$127.98

**TOTAL AMOUNT PAID:**

**\$127.98**

**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.