

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAY 02 2012

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
BILLY DISMUKE, a licensed bail bondsman)
in the State of Oklahoma,)
Respondent.)

Case No. 12-0358-DIS

ORDER REINSTATING LICENSE

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner,
by and through counsel, William G. Combs, and states as follows:

1. On May 2, 2012, Billy Dismuke's bail bond license was suspended due to his failure to replace a number of insufficient electronic funds transfers to the Commissioner, and for failing to respond to a properly mailed Department notification within a reasonable amount of time.

2. Dismuke has replaced all of the outstanding fees he owed to the Commissioner in this case.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that suspension of Dismuke's bail bond license is hereby lifted.

WITNESS My Hand and Official Seal this 2nd day of May, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Buddy Combs

William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
Tel. (405) 521-2746

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing Order Lifting Suspension was mailed by certified mail with postage prepaid and return receipt requested on this 2nd day of May, 2012, to:

Billy Dismuke
217 N. Harvey Ave., Suite 203
OKC, OK 73102-3803

and a copy was delivered by electronic mail to:

Patricia Presley
Oklahoma County Court Clerk

Retha Chamberlain
Oklahoma County Court

Becca Jessop
Oklahoma City Municipal Court

Cathy Guyer
Oklahoma Bondsman Association



William G. "Buddy" Combs

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4250 2208

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	



Sent To: Billy Dismuke
 217 N. Harvey, Suite 203
 OKC, OK 73102-3803
 sms/12-0358-DIS/Ord Reinst. Lic

PS Form 3800, January 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Yes - enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Billy Dismuke 217 N. Harvey, Suite 203 OKC, OK 73102-3803 sms/12-0358-DIS/Ord Reinst. Lic </div>	<p>OKLAHOMA INSURANCE DEPARTMENT RECEIVED MAY 07 2012</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Legal Mail Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7001 0320 0004 4250 2208</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>