

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

AUG 09 2013

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 13-0627-DIS

ORDER LIFTING SUPENSION

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through Assistant General Counsel Buddy Combs and states as follows:

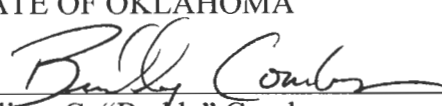
1. On August 8, 2013, James Manuel's bail bond license was suspended in above-styled case due to his failure to replace three insufficient electronic funds transfers to the Commissioner.
2. On August 9, 2013, Manuel replaced all of the outstanding fees he owed to the Commissioner in this case.

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

WITNESS My Hand and Official Seal this 9th day of August, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


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 9th day of August, 2013, to:

James Manuel
1209 S. Main St.
Stillwater, OK 74074-5846

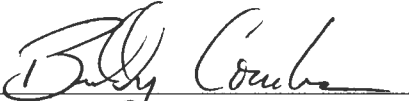
and a copy was delivered by electronic mail to:

Lisa Lambert
Payne County Court Clerk

Rhonda Bagwell
Payne County Court

Stillwater Municipal Court Clerk

Cathy Guyer
Oklahoma Bondsman Association




Buddy Combs

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

7001 0320 0004 4249 8884

OFFICIAL USE

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

Sent To: **James Manuel**
1209 S. Main St.
Stillwater, OK 74074-5846
sms/13-0627-DIS/Ord Lift

PS Form 3800, January 2001

<p>SENDER: COMPLETE THIS SECTION</p> <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>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature x <i>Nicole Reed</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Nicole Reed</i></p> <p>C. Date of Delivery AUG 19 2013</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, print delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-0627-DIS/Ord Lift</p> </div> <p>OKLAHOMA INSURANCE DEPARTMENT</p>	<p>3. Service Type</p> <input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0004 4249 8884</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>