

State of _____

County of _____

AFFIDAVIT

I, _____ the undersigned, being the
_____ of the _____ (License # _____),
swear (or affirm) that to the best of my knowledge and belief, the statements contained in the
report, including the accompanying schedules and statements (if any), are true and that the same
is a true and complete statement in accordance with the law.

Signature of Owner, Manager or President

Subscribed and sworn before me this
_____ day of _____, 20_____

Notary Public

My commission expires: _____