| STATE OF:                                                                                            |                                                                            |                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY OF                                                                                            | } ss:                                                                      |                                                                                                                                                                                                                                                                                          |
| the contracting party, that he has not, nor has an represented by him, directly or indirectly, enter | y other member, employee, represented into or offered to enter into any co | g party, or that he is the representative, agent, member, or officer of ative, agent or officer of the firm, company, corporation or partnership mbination, collusion or agreement to receive or pay, and that he has he annexed contract other than that which appears upon the face of |
|                                                                                                      | Signature                                                                  |                                                                                                                                                                                                                                                                                          |
|                                                                                                      | Printed name                                                               |                                                                                                                                                                                                                                                                                          |
|                                                                                                      | Title                                                                      |                                                                                                                                                                                                                                                                                          |
|                                                                                                      | Company                                                                    |                                                                                                                                                                                                                                                                                          |
|                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                          |
| Before me, a Notary Public in and for                                                                | said County and State personally ap                                        | peared,,                                                                                                                                                                                                                                                                                 |
| who acknowledged the truth of the statements in the foregoing affidavit on this day of , 2           |                                                                            |                                                                                                                                                                                                                                                                                          |
|                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                          |
|                                                                                                      |                                                                            | Signature of Notary Public                                                                                                                                                                                                                                                               |
| County of residence                                                                                  | Commission expiration date                                                 | Printed or typed name of Notary Public                                                                                                                                                                                                                                                   |