	AFFIDAVIT OF		
			(Full Name)
STATE OF)		
)	ss.	
COUNTY OF)		

BEFORE ME, the undersigned authority, personally appeared _____,

who being first duly sworn, deposes and says as follows:

- 1. I am over the age of 21 and have personal knowledge of the matters set forth herein.
- 2. My address is:
- 3.
- 4.
- 5.

FURTHER AFFIANT SAYETH NAUGHT.

PRINTED NAME of AFFIANT

SIGNATURE

The foregoing Affidavit was sworn to and subscribed before me this _____ day of _____, 20___, by _____ who is personally known [] Produced ______.

(Signature of Notary)	
Notary Public, State of	_
My Commission Expires	_
Commission No.:	