

AFFIDAVIT

I _____, being first sworn, depose and affirm or state under penalty of perjury/falsification under the laws of Montana that that the information contained herein is true and correct to the best of my knowledge. I understand that under Montana law, providing false information is grounds for denial, suspension, or revocation of a professional or occupational license, certificate or permit and is also grounds for criminal prosecution.

Signature: _____ **Date:** _____

This form must be notarized below.

SUBSCRIBED AND SWORN TO before me before this _____ day of _____, 20____.

Notary Public for the State of _____

SEAL

My commission Expires: _____