

**SIGNATURE FORM**

The above statements are certified to be true and accurate and we have the equipment, labor, supervision and financial capacity to perform this Contract.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_

\_\_\_\_\_  
(Title of Person Signing)

\_\_\_\_\_  
(Name of Organization)

State of \_\_\_\_\_

County of \_\_\_\_\_, ss.

\_\_\_\_\_ being duly sworn, states he is \_\_\_\_\_ of  
(Office)

\_\_\_\_\_ and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(My Commission Expires: \_\_\_\_\_ )

(NOTARY SEAL)