

State of Louisiana

Parish of

AFFIDAVIT

BE IT KNOWN, that on this day, before me, the undersigned authority, a Notary Public, duly commissioned and qualified in and for the Parish of _____, State of Louisiana;

PERSONALLY CAME AND APPEARED; _____, a person of the full age of majority, known to me or satisfactorily proven to be the person whose name is subscribed, after being duly sworn did declare and make the following statement:

SWORN TO AND SUBSCRIBED on this _____ day of _____, _____.

Affiant

THUS DONE AND PASSED on the day, month and year first written above, I have affixed my signature and seal as evidence of this act.

Notary