AFFIANT

Name:		Business Name: _		
Address:	City:	State:	Zip:	
Home No.:				
I do oom: 6. ood dooloo wada		lamand latter was seen	ut to	
I do certify and declare under (person who wrote the check			•	
where letter was mailed) via first class mail on				
,				
Affiant/Complainant (print)			Affiant/Complainant (cignature)
			•	signature)
Subscribed and sworn to before	e me on this	day of	, 20	
		Notary Pu	ıblic in and for the	
		STATE C	F TEXAS	
		My Com	mission Expires:	