VERIFICATION

STATE OF ( )

COUNTY OF( ) SS No.:

(A)

_____, being duly sworn, states he or she is the owner of (or a partner in) the enterprise making the foregoing Utilization Plan and representations made in the Utilization Plan are true to his or her own knowledge.

(B)

_____, being duly sworn, states that he or she is the

Name of Corporate Officer

_____, of _____ , the

Title of Corporate Officer Name of Corporation

enterprise making the foregoing Utilization Plan, that he or she has read the Utilization Plan and knows its contents, that the statements and representations made in the Utilization Plan are true to his or her knowledge, and that the Utilization Plan is made at the direction of the Board of Directors of the Corporation and/or owners.

_____ _____

Date Signature

Sworn to before me this _____

day of _____, _____

_____

Notary Public

Person assisting in completing the Utilization Plan:

_____

Print Name

_____ _____

Signature Telephone No.