Affidavit of Licensing Good Standing

| me or has produced | as identific | is personally known toas identification. | |
|---|---|--|--|
| | acknowledged before me this Said | | |
| The foregoing instrument | and an arrange of this | day of 201 | |
| COUNTY OF |) | | |
| |) ss: | | |
| STATE OF |) | | |
| <u>N</u> | OTARY ACKNOWLEDGEME | <u>ent</u> | |
| Printed Name | | | |
| Signature | | | |
| Executed this day of | | | |
| I declare that, to the best of my complete. | knowledge and belief, the inform | ation herein is true, correct, and | |
| | l a commercial license or certifica ther jurisdiction that has been deni | • | |
| The undersigned, | , being duly swo | rn, hereby deposes and says: | |
| TOWNSHIP OF Leoni | | | |
| COUNTY OF Jackson | | | |
| _ | | | |
| STATE OF Michigan | | | |

| Signature of Notary Public | | |
|-------------------------------|--|--|
| Printed Name of Notary Public | | |
| State of Michigan | | |
| Commission Number: | | |
| My Commission Expires: | | |