Affidavit of Licensing Good Standing

Stakeholder

STATE OF Michigan	
COUNTY OF Jackson	
TOWNSHIP OF Leoni	
The undersigned,	, being duly sworn, hereby deposes and says:
	al license or certificate issued by a licensing authority in Michigan has been denied, restricted, suspended, revoked, or not renewed.
I declare that, to the best of my know complete.	vledge and belief, the information herein is true, correct, and
Executed this day of	, 201
Signature	_
Printed Name	
<u>!</u>	NOTARY ACKNOWLEDGEMENT
STATE OF)) ss:
COUNTY OF)
The foregoing instrument wa by Said produced	as acknowledged before me this day of, 201, d is personally known to me or has as identification.
	Signature of Notary Public
	Printed Name of Notary Public
	State of Michigan Commission Number:
	My Commission Expires: