AFFIDAVIT

| I, | , being duly sworn deposes and |
|--|--|
| says: | |
| That I am over the age of twenty-one and reside at | |
| That I am licensed to practice the | e profession of |
| and my license number is | |
| That I am the shareholder, office Professional Entity, known as | er, director, member of the proposed |
| • | filing of the Certificate of Incorporation/ behalf for the above named Professional |
| The letter(s)/word(s) | in the title of the |
| corporation means/implies: | |
| | |
| | |
| Signature | |

This_____20___