BUSINESS ENTITY RESIDENT STOCKHOLDER W.S. § 16-6-101(a)(i)(C)

AFFIDAVIT:				
State of				
County of				
KNOW ALL MEN	BY THESE PRESENTS:			
THAT				
	Name of	Wyoming Business Entity		
doing business as	Name of	DD A		
of				
01	Wyoming Busine	ess Street Address		
	County of			
with a mailing address of				
Email Address:	Address	City/State/Zip	Telephone Number	
Please Indicate Type of Bu Erection Construct	bidding upon the contract of usiness (check all that apply) ion Alteration f executive officer name and	: Repair Supplier/M	anufacturer	
The business entity's enter	executive officer name and	permanent wyoming nome	street address.	
Name	Street Ad	dress	City/State/Zip	
OFFICER'S DRIVER'S I OF THE BACK OF THE COPY.	DE A PHOTOCOPY OF JICENSE. IF THE LICENS LICENSE ALSO. WE WI	E IS AN EXTENSION, PL LL NOT PROCESS THIS A	EASE PROVIDE A COPY	
Chief Executive Officer		Secretary	Secretary/Treasurer	
Sworn to before me on thi	s day of	Sworn to before me or	n this day of	
	, 20		, 20	
Notary Public		Notary	Notary Public	

<u>Note</u>: This form must be signed by the chief executive officer and one other officer with that officer's title next to the name. Both names must be notarized.

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION