

WYOMING REGISTERED BUSINESS

100% Wyoming Resident Owned

W.S. § 16-6-101(a)(i)(B)

AFFIDAVIT:

State of _____

County of _____

KNOW ALL MEN BY THESE PRESENTS:

THAT _____

Business Entity

doing business as _____

Name of DBA

of _____

Wyoming Business Street Address

City of _____ County of _____ State of _____

with a mailing address of _____

Address

City/State/Zip

Telephone Number

Email Address: _____ Tax ID: _____

being duly sworn, deposes and says that each member or shareholder of the partnership, association, limited partnership, registered limited partnership, registered limited liability company or corporation has been a resident of the state for one (1) year or more immediately prior to bidding upon the contract or responding to a request for proposal.

Please Indicate Type of Business (check all that apply):

Erection _____ Construction _____ Alteration _____ Repair _____ Supplier/Manufacturer _____

LIST ALL PARTNERS, MEMBERS OR SHAREHOLDERS OF THE BUSINESS ENTITY. IF MORE THAN TWO, YOU WILL NEED TO ATTACH AN ADDITIONAL NOTARIZED LIST.

1. Name: _____

Permanent Home Street Address: _____

Address

City/State/Zip

Number of Years WY Resident: _____ Years at this Address: _____

WY Driver's License No.: _____ Issued: _____ Expires: _____

2. Name: _____

Permanent Home Street Address: _____

Address

City/State/Zip

Number of Years WY Resident: _____ Years at this Address: _____

WY Driver's License No.: _____ Issued: _____ Expires: _____

Note: PLEASE PROVIDE A PHOTOCOPY OF EACH PARTNER'S, MEMBER'S OR SHAREHOLDER'S DRIVER'S LICENSE. IF THE LICENSE HAS AN EXTENSION, PLEASE PROVIDE A COPY OF THE BACK OF THE LICENSE ALSO. WE WILL NOT PROCESS THIS AFFIDAVIT WITHOUT A COPY.

THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Title

Title

Sworn to before me on this ____ day of

Sworn to before me on this ____ day of

_____, 20____.

_____, 20____.

Notary Public

Notary Public

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION