

WYOMING REGISTERED BUSINESS
Wyoming resident CEO (or equivalent) and less than 50% Wyoming resident owned
W.S. § 16-6-101(a)(i)(D))

AFFIDAVIT:

State of _____

County of _____

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
Name of Wyoming 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 No.

Email Address: _____ Tax ID: _____

being duly sworn, deposes and says that the business entity named above is organized under the laws of the state and has been in existence in the state for one (1) year or more and its business entity's chief executive officer 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 and maintains its principal office and place of business within the state. If at least fifty percent (50%) of the issued and outstanding shares of stock in the business entity are owned by nonresidents, shares of the business entity shall: (I) have been acquired by nonresidents one (1) year or more immediately prior to bidding upon the contract; or (II) be publicly traded and registered under Section 13 or 15(d) of the Securities Exchange Act of 1934 for one (1) or more classes of its shares.

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

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

The business entity's chief executive officer's name and permanent Wyoming home street address:

Name Street Address City/State/Zip

Note: PLEASE PROVIDE A PHOTOCOPY OF THE BUSINESS ENTITY'S CHIEF EXECUTIVE OFFICER'S DRIVER'S LICENSE. IF THE LICENSE IS 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.

Chief Executive Officer

Secretary/Treasurer

Sworn to before me on this _____ day of _____, 20____.

Sworn to before me on this _____ day of _____, 20____.

Notary Public

Notary Public

Note: This form must be signed by the business entity's 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