

REGISTERED LIMITED LIABILITY PARTNERSHIP
W.S. § 16-6-101(F)

AFFIDAVIT:

State of _____

County of _____

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
Name of Registered Limited Liability Partnership

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

being duly sworn, deposes and says that the registered limited liability partnership named above is organized under the laws of the state and maintains its principal office and place of business in the state and each member 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 _____

Note: This office does not certify resident suppliers or consultants.

LIST ALL MEMBERS. IF MORE THAN TWO, YOU WILL NEED TO FILL OUT AN ADDITIONAL AFFIDAVIT.

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 MEMBER'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.

Member

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

Notary Public

Member

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

Notary Public

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION