



AFFIDAVIT

I, _____, attest that I am the sole proprietor and have no employees working for me. I further attest that I am excluded from the requirements to carry Workers Compensation under the laws of the State of Kansas.

Sign: _____ Date: _____

State of Kansas

County of _____

BE IT REMEMBERED, that on this _____ day of _____, _____

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, came

_____ who is personally known to me to be the same person who executed the win instrument of writing and such person duly acknowledged the execution of the same.

IN WITNESSETH WHEREOF; I have hereunto set my hand and affixed my seal the day and year first above written.

My appointment expires

Notary Public