

CERTIFICATE OF FACT

DATE: _____
STATE OF: _____
COUNTY OF: _____

I, _____, being first duly sworn,
(Individual's Name)

depose and say that I am the _____ of the registered
(Title)
_____;
(Name of Business)

that I am authorized on the part of said registrant to verify and file with the Arkansas State Plant Board all information contained herein; that I have full knowledge of the matters set forth herein and that all of the same are true in substance and in fact.

(Authorized Signature)

Subscribed and sworn to before me this _____ day of _____

(Notary Public)

My Commission Expires: _____

This application must be signed by the owner if an individual, by one of the partners if a partnership, or by an officer of the corporation if incorporated