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 licensee
(Title)

_____ ;
(Name of Business)

that I am authorized on the part of said licensee 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