SECTION IV

APPLICANT'S AFFIDAVIT/AFFIRMATION

I,,	of
being duly sworn, depose and say that I am auth	(Address) norized to make and file this application for registration
with the Office of Attorney General, Consumer	Protection and Antitrust Bureau, State of New
Hampshire, and that I have examined said applications	cation and the information contained herein, including
the documents attached hereto, and certify that t	the same is, to the best of my knowledge and belief,
true, correct and complete in all respects.	
(Date)	(Signature)
	(Title)
STATE OF	
COUNTY OF	
Subscribed and sworn to before me this	day of, 20
(Seal)	Luction of the Decea (Notern Dublic
	Justice of the Peace/Notary Public