

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.