

**2860.9920 FORM FOR VERIFICATION.**

**CORPORATE VERIFICATION**

State of \_\_\_\_\_ )  
 ) SS.  
County of \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, says that ..he is the \_\_\_\_\_ of \_\_\_\_\_ above-named applicant, and executes this instrument for and in its behalf, by authority of its board of directors; that ..he has read the foregoing application, including all exhibits submitted therewith, and states that the contents thereof are true to the best of h.. knowledge and belief.

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

**INDIVIDUAL VERIFICATION**

State of \_\_\_\_\_ )  
 ) SS.  
County of \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, says that ..he is \_\_\_\_\_ applicant; that ..he has read the foregoing application, including all exhibits submitted therewith, and states that the contents thereof are true to the best of h.. knowledge and belief.

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public, \_\_\_\_\_ County \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Statutory Authority:** *MS s 80C.18*

**History:** *17 SR 1279; L 1998 c 254 art 1 s 107*

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