STATE OF KANSAS, SHAWNEE COUNTY, CITY OF TOPEKA, ss.

AFFIDAVIT

Name _____ **Address** _____

Phone _____**, of lawful age, gives the following statement of fact concerning work performed:**

Between _____ **20** ____ **, and** _____ **, 20** ____

in the City of Topeka, in the County of Shawnee and State of Kansas, one

Name _____**Address** _____

Did: (Give Concise statement of facts) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Subscribed and sworn to before me this _____**day of** _____ **20** ____**.**

_____

Signature of Affiant

_____ **My Appointment Expires:** _____

Signature of Notary