The state in which your Company conducts business

STATE OF _____)(

County Name where you're Co. conducts business.

COUNTY OF _____)(

Your Company Name (please specify exact entity name)

AFFIDAVIT

I hereby certify and affirm that the claim and cause of action of the Plaintiff,_____

_____,

Complete here if your Co. is a Sole Prop.

{ } A Sole Proprietor_____doing business

as_____

{ } A Partnership composed of the following partners:

Complete here if your Co. is a partnership. (list all partners)

_____

_____

_____

Complete here if your Co. is a Corporation

{ } A Corporation duly incorporated and existing under the virtue of the laws of

Specify state your Co. is incorporated under

State of_____

Debtor's name here (correct entity if known)

Against the defendant,_____

Is the principal sum of $_____ Principal amount only (please do not add any other fees!)

I further certify that I am duly qualified, competent to testify to the matters stated herein, and authorized to make this affidavit. I further state that the records of this account are maintained under my supervision, and the amount of the claim is just and true to the best of my personal knowledge, and that all just and lawful offsets, payments and credits have been allowed.

This affidavit executed this _____day of _____, 20_____.

Sign your name here

_____

Signature

Print or type your name here

_____

Typed or printed name

The foregoing affidavit sworn to and subscribed before me this_____day of

_____, 20_____.

For notary to complete

_____

Notary Public in and for the State of

_____

For notary to complete

My Commission Expires:_____

This area is for the notary to complete. Please make sure to have the notary use blue ink. Please send the original copy to CMI Legal Forwarding Division PO Box 28851, Philadelphia PA 19151.