AFFDIAVIT

STATE OF NEBRASKA)
)ss.
COUNTY OF SARPY)

I, _____, for the non-profit organization of _____ hereby certify that our organization has operated within the City of Papillion limits for, at least, one (1) year.

DATED _____

By:_____
Name_____

_____
Organization

Address:
_____
_____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

_____
Notary Public