SOLE SOURCE AFFIDAVIT

Before me, the undersigned official, on this day, personally appeared _______________________ a person known to me to be the person whose signature appears below, whom after being duly sworn upon his oath deposed and said:

1. My name is ______________________________, I am over 18, have never been convicted of a crime and being competent to make affidavit.

2. I am an authorized representative of the following company or firm:

________________________________________________________________________

3. The above named company or firm is the sole source of the following item(s), and no other company or firm in the United States of America sells or distributes the product(s) listed below:

________________________________________________________________________

________________________________________________________________________

4. Competition in providing the above named item(s) or product is precluded by the existence of a patent, copyright, secret process or monopoly.

5. There is no other like item(s) or product(s) available for purchase that would serve the same purpose or function and there is only one price for the above named item(s) or product(s) because of exclusive distribution or marketing rights.

_____________________________                         _____________________________
Signature of Authorized Official                                                  Title of Authorized Signature

SUBSCRIBED AND SWORN to before me on this _______ day of ______________, _______.

(Seal)                                                      _________________________________.
Notary Public Signature

Print Name: _________________________________.

My Commission Expires: ___________________________.

Company: __________________________________________________________________
Address: ___________________________________________________________________

City, State, and Zip: __________________________________________________________________

Telephone Number: __________________________ Fax: _____________________________

Contact Person: __________________________________________________________________