



AFFIDAVIT

I, \_\_\_\_\_, attest that I am the sole proprietor and have no employees working for me. I further attest that I am excluded from the requirements to carry Workers Compensation under the laws of the State of Kansas.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BE IT REMEMBERED, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, the undersigned, a Notary Public in and for the County and State aforesaid, came

\_\_\_\_\_ who is personally known to me to be the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same.

IN WITNESSETH WHEREOF; I have hereunto set my hand and affixed my seal the day and year first above written.

\_\_\_\_\_  
My appointment expires

\_\_\_\_\_  
Notary Public