STATE OF VERMONT AFFIDAVIT OF

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_ **[SIGNATORY’S NAME]**

I, **NAME**, swear or affirm the following:

1. I am the President/CEO of **COMPANY NAME**, and have been in this role since **MONTH AND YEAR STARTED POSITION**.
2. The products manufactured in the United States and sold by **COMPANY NAME** are included hereto as Exhibit A.
3. **COMPANY NAME** sells these products throughout the United States as evidenced by the invoice(s) attached hereto as Exhibit B.
4. These **TYPES OF PRODUCTS** are manufactured in compliance with the United States Food and Drug Administration Good Manufacturing practice guidelines and comply with all United States and Vermont regulations.
5. These **TYPES OF PRODUCTS,** which are intended for export to **DESTINATION COUNTRY(IES)** are the same quality as those sold in the United States and sold freely, without restriction.
6. I am over 18 years old and competent to make these statements. This Affidavit is made on my personal knowledge and if sworn as a witness, I could testify competently to these facts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATORY NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STATE OF VERMONT

COUNTY OF CHITTENDEN

On this **­­\_\_\_\_\_\_\_\_** day of **\_\_\_\_\_\_\_\_\_,** 20\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_proved to me through

**(number) (month) (year) (signatory’s name)**

satisfactory evidence of identification to be the person whose name is signed on the attached document and acknowledged to me that they signed it voluntarily for its stated purpose.

State of Vermont, County of Chittenden

Signed or attested before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of notary public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of notary public\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of office: Notary Public