STATE OF GEORGIA COUNTY OF FORSYTH

AFFIDAVIT

	fore the undersigned attesting officer,
(complainant or witness), who, after first being du	ally sworn stated on oath as follows:
My name is and recollection of the facts stated herein, and su (21) years and am competent to give testimony in	_, and I give this Affidavit based on my personal knowledge ich facts are true and correct. I am above the age twenty-one legal proceedings.
	a additional pages. Any additional pages should be numbered onal pages are subject to the same oath at the top of this page attached to it.)
FURTHER AFFIANT SAYETH NOT.	
	Signature of Affiant
	Printed Name of Affiant
Sworn to and subscribed before	
me this day of, 20	
Notary Public	
[NOTARY SEAL]	
My Notary Commission Expires:	_