

SOUTHEASTERN INDIANA COUNTY REMC

STATE OF INDIANA **CAPITAL CREDITS**

SS:

COUNTY OF RIPLEY **RE:** _____

AFFIDAVIT

I, _____ (S.S.#: _____) am the duly authorized agent of _____, being duly sworn upon my oath, make the following statements to the Southeastern Indiana REMC with respect to payment of the capital credits:

1. As the duly authorized agent of _____, I am entitled to receive the payment of the capital credits for the business.

Name of Business, Full Address,

2. I accept full responsibility for paying any sums of money to those persons who are entitled to any portion of the capital credit because of their interest in the business.

3. I agree to indemnify and hold harmless the Southeastern Indiana REMC if any liability is incurred by reason of paying capital credits to me.

I AFFIRM UNDER THE PENALTIES FOR PERJURY, That the foregoing representations are true:

Dated: _____, 200__ _____, Agent of _____

STATE OF INDIANA

COUNTY OF _____

appeared _____ Before me the undersigned, a Notary Public in and for said County and State, personally and the within named.

Notary Public _____

Printed Name _____

My Commission Expires _____