SOUTHEASTERN INDIANA COUNTY REMC

STATE OF INDIANA **PATRONAGE CAPITAL #_____**

SS:

COUNTY OF RIPLEY **PREVIOUS ADDRESS**

_____

_____

AFFIDAVIT

I, _____, being duly sworn upon my oath, make the following statements to Southeastern Indiana REMC with respect to payment of patronage capital:

1. I am the fore mentioned and duly entitled to this patronage refund and did reside at the location mentioned above and accept full responsibility for paying any sums of money to those persons who are entitled or may be entitled to any portion of the patronage capital.

2. I agree to indemnify and hold harmless Southeastern Indiana REMC if any liability is incurred pursuant to my receipt of patronage capital.

Name, Full Address, Social Security Number, and Drivers License:

_____
_____
_____
_____

By_____
Printed_____

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

Dated: _____, 200___.

STATE OF INDIANA)
)
COUNTY OF _____)

_____Personally appeared before me, a Notary Public in and for said county and state, this _____day of _____, 2007, who after having been duly sworn according to law, that he has read the matters and facts stated above, and that the same are true.

_____
Notary Public

County of Residence _____

(Seal)

My Commission Expires: _____