## STATE OF MAINE

	Docket No
	AFFIDAVIT
I,knowledge and belief:	_ name, state the following facts, which are true to the best of my
	(D1 11111111111111111111111111111111111
D.4	(1 rease arraen an adarronar page 1) necessary)
Date:	Affiant Signature
	STATE OF MAINE
COU	NTY
Personally appeared the above name that the foregoing statements are true	d, and, made oath
and the foregoing statements are true	and under pendity of perjury.
	Before me,
	Defore the,
Date:	
	Attorney at Law, Notary Public, Register, Clerk