



Affidavit of Declaration from Authorized Representative of Qualified Company

I, _____, declare as follows:

1. I am a (job title) _____ For _____
(The latter hereafter referred to as the "Company"). I am an authorized representative of the Company, and except where otherwise noted, I have personal knowledge of the facts set forth in this Declaration.
2. As of (quarter end date) _____, the Company had _____ full-time permanent employees on the Company's regular payroll who are based at the Company's operations in Sandoval County, New Mexico. A full-time employee is defined as an employment position permanently on regular Company payroll that is compensated for at least 32 hours a week year-round.
3. Attached hereto and incorporated herein is the "Quarterly Employment and Wage" data submitted to the State of New Mexico Department of Workforce Solutions (DWS) by or on behalf of the Company for the quarter ending (date) _____. This information is required to be submitted quarterly to DWS and a copy shall be furnished to Sandoval County Office of Economic Development via email to ajvigil@sandovalcountynm.gov.

As the authorized representative of the Company I certify and declare under penalty of perjury that the information contained herein and attached hereto is true and correct according to the best of my belief and knowledge after a reasonable investigation of the facts.

Signature: _____ Date: _____
(Representative Name)
Job Title: _____ Company: _____

Acknowledgement of Notary

STATE OF NEW MEXICO

COUNTY OF _____

This instrument was subscribed and sworn before me on _____ (date) by _____ (name of person(s)).

Signature of Notary Public: _____
Printed Name: _____
My Commission expires: _____