QUALIFIED ELECTOR'S AFFIDAVIT OF REGISTRATION ELECTRICAL DISTRICT NUMBER TWO, PINAL COUNTY

STATE OF ARIZON	,	
County of Pinal) ss.)	AFFIDAVIT OF REGISTRATION (Limited Liability Company)
I, the	undersigned elector, d	do solemnly swear (or affirm):
1.	My full name is	
2.	State or country of bi	rth
3.	My place of residence	e is
4.	I am an officer of	, L.L.C., a duly
constituted limited liab	oility company under the	he laws of the State of
5.	I have been designate	ed and authorized by a Resolution of the Board of
Directors of said limite	ed liability company, p	assed on the day of, as the
officer who may regist	er and cast the vote of	the limited liability company.
6.	The said limited liabi	lity company is the holder of title or evidence of title,
including receipts or or	ther evidence of the rig	ghts of entrymen on lands under any law of the United
States or this state to la	and in Electrical Distri	ct Number Two, Precinct and has been such for
NINETY (90) DAYS o	or more prior to Januar	y (Date of Election)
		(ELECTOR SIGN HERE)
		(POST OFFICE ADDRESS)
SUBS	CRIBED AND SWOR	RN TO BEFORE ME this day of
hv.		
by		
		Notary Public
My Commission Expir	es:	riotary rubiic

CERTIFIED COPY OF RESOLUTION

I,		, do hereby certify that I am the
Secretary of		, LLC, a limited liability company organized and existing
under the laws of	the State of	, and as such, am keeper of records of said limited
liability company;	that at a special me	eeting of the Board of Directors of said limited liability company
duly held on the_	day of	, the following Resolution was adopted:
R	ESOLVED that	, the of this limited liability company be
		reby directed to register and cast the vote of this
		pany in that certain election for the election of a
d	irector to be held at	t 5575 North Eleven Mile Corner Road, near
		n or about January, (Date of Election) for
E	LECTRICAL DIST	TRICT NUMBER TWO, PINAL COUNTY.
I	further certify that	, is the duly elected, qualified and
acting		of the said limited liability company and was such on the
day of		
	further certify that	the above Resolution has not been altered, amended, changed, ge.
I	N WITNESS WHE	REOF, I have hereunto set my hand and affixed the seal of the
limited liability co	ompany this da	ay of
		Secretary
STATE OF ARIZ	ONA)	·
)ss.	
County of Pinal)	Υ
		acknowledged before me this day of
Dy		as Secretary of
L.L.C., a		limited liability company.
		Notary Public
My Commission I	Expires:	·