VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath (Notary Public) by the laws of the State in which the same is taken.

oath (Notary Pub	lic) by the laws of the	State in whic	h the same is taken.		
		0	ATH		
State Of	Californi	à		}	
County Of	Californi		:	} ss:	
	Name of Affiant	<u>a സ്വാർ കേ</u> (Company Offic	tial/Representative)	makes oath and	says that
s/he is	C4	ntro lise			
Official Title of the Affiant (Company Official/Representative)					
of	Airmen Co	mmuni	contions.	ne.	
	Exact Legal		f the Respondent (Cert	tificated Company Na	me)
and in leasted at	PO BOX		46500	0.540	7 00 m
and is located at	Address and Te	lephone Number	94589 er of the Affiant (Comp	any Official/Represen	tative)
belief, all statement statement of the as applicable) the	examined the foregoinents of fact contained business and affairs of company's contact in belief, all listed contact	in the said report the above-negation in	oort are true and the amed respondent, a EFIS; to the best of	said report is a cor nd 2) examined (ar	rect id updated
from	January 1	, 2015	, to and including	December 31 ,	2015
	Month/Day	Year	_	Month/Day	Year
lAont In					
Signature of Affiant (Company Official/Representative)					
Subscribed and s	worn to before me, a	Notary Public	; in and for the State	e and County above	named,
this		day of		,	
My Commission expires,					
		* Del	Me NU NUG Signature of	wind Califor Notary Public 2	nia grat

Missouri Revised Statutes § 392.210 or §393.140