

**OATH TAKEN FOR PURPOSE OF
TESTIMONY IN DEPOSITION**

State of **FLORIDA**

County of _____

In my capacity as a Notary Public of the State of Florida, I certify that on the _____ day of _____, 20____, at _____AM / PM , _____ personally appeared before me and took an oath (or affirmation) which was administered by _____ for the purpose of giving testimony in the matter: _____

_____.

SEAL

notary public signature

notary public printed name

Identification:

Personally Known

Produced _____ as identification.