

NVC/UPSTREAM WL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Date: 01/16/2020

Printed Name: Michael Lannan
Title: President

Parties Assisting:

Name:	Address:	Signature: _____
Name:	Address:	Signature: _____

NVC/UPSTREAM WI

STATE OF MAINE

COUNTY OF Waldo

PERSONALLY APPEARED, Michael Lannan, WHO, UNDERSTANDING THE MEANING OF AN OATH,
SWORE THAT THE FORGOING TESTIMONY IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND
BELIEF, THIS 16 DAY OF JANUARY 2020.

NOTERY PUBLIC

Sally L Brophy *Sally L. Brophy*

MY COMMISSION EXPIRES:

