

WELL SERVICE AFFIDAVIT

Date: _____

Motor Vehicles will be used primarily in well service operations.

State of Wyoming)

County of Sublette)

Statement applies for the period for which registration is issued. Statement applies to license plate numbers:

Sublette County Commercial license plate numbers:

hereby certify under penalty of perjury that the information included herein is true and correct.

For Company:

Subscribed and sworn to before me this _____ day of _____ A.D. 20____.

Person authorized to Administer Statement - Sublette County Treasurer or Deputy