AFFIDAVIT OF MAILING THE DEMAND FOR PAYMENT

| Your Name | | | |
|------------------------------------|-------------------|-----------------------|-------------------------------|
| Street Address | · | | |
| Street Address Line Two | | | |
| City, State, Zip | | | |
| STATE OF ARIZONA County of Pima |)) ss. | AVIT OF MAILING | 5 |
| I, Name of Person who Mailed Do | emand for Payment | _, being first duly s | worn, depose and state that I |
| mailed, by regular first class | mail, on the | day of | , 20, a |
| Demand for Payment Notice, | Forma | ddressed as follows | : |
| Check Writer | | | |
| Street Address | | | |
| Street Address | Line Two | | |
| City, State, Zip | , | | |
| Dated this day of | | Year | |
| Signature | | _ | |
| (Print Name) | | - | |
| SUBSCRIBED AND SWORM | N TO before me t | his day of | , 20 |
| Notary Public | | My Commis | ssion Expires |