## **AFFIDAVIT of COMPLIANCE**

## SECTION 285.530.2

Sta	State of Missouri ) ss		
Co	County of		
fir	Now this, 2 first duly sworn, deposes and says:	0, the undersigned, being	
	<ol> <li>I am more than 18 years of age.</li> </ol>		
2.	I make this affidavit from my personal knowledge of the facts stated herein or upon information and facts available to me as a duly authorized owner, partner, corporate or LLC officer or Human Relations Director of		
	(name of Corporation, LLC, sole proprietorship or partnership)		
3.	. I am authorized to make this affidavit on behalf of		
4.	I state and affirm that is enrolled and is currently in enrolled and is currently participating in E-Verify, a federal work authorization program or another equivalent electronic verification of work authorization program operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986.		
5.	5. Further does not length of the contraction of the contractio		
6.	6. Further has perform the completion of a Federal participating in E-Verify.	nce January 1, 2009 or obtained	

7.	Attached to this affidavit is a true and accurate copy of this company's Memorandum of Understanding with the United States concerning the use of E-Verify.
an	I certify under penalty of perjury that the statements above are complete, true and accurate to the best of my knowledge and belief.
	Authorized Agent, Partner, Owner or Officer
	If business has a Human Relations Director or equivalent that person must sign as an affiant as well.
	certify under penalty of perjury that the statements above are complete, true and curate to the best of my knowledge and belief.
	Human Relations Director

This form is promulgated pursuant to 15CSR 60-15-.020. Use of this form is not required but the Attorney General has deemed this affidavit sufficient in form to satisfy the requirements of section 285.540, RSMo., Supp. 2008.