TEXAS COMMISSION ON ALCOHOL AND DRUG ABUSE INVESTIGATIONS DIVISION

P.O. BOX 80529 Austin, Texas 78708-0529 1-800-832-9623

STATE OF TEXAS

COUNTY OF	AFFIDAVIT
BEFORE ME, the undersigned author who being by me duly sworn deposed	rity, personally appearedas follows:
I have read this statement consisting of and statements contained herein are tr	of page(s), each page of which bears my signature and I do affirm that all facts ue and correct.
	Signature – Person making statement

CONTINUATION: STATEMENT OF	
have read this statement consisting of page(s), each page of whind statements contained herein are true and correct.	ich bears my signature and I do affirm that all facts
	Signature – Person making statement

Page of (Affidavit)	
	Affiant
SUBSCRIBED AND SWORN TO BEFORE ME on this thecertify which witness my hand and seal of office.	day of, 1999, to
	Notary public in and for the State of Texas
My Commission expires:	Printed or typed name