Month/Day /Year	**PRINTED** Name of Qualified Elector	**SIGNED** Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
25				
26				
27				
28				
29				
30				

State of North Dakota, **County of** _____
(county where signed)

I, _____, being sworn, say that I am a qualified elector; that I reside at
(circulator)

_____;
(address)

that each signature contained on the attached petition was executed in my presence; and that to the best of my knowledge and belief each individual whose signature appears on the attached petition is a qualified elector; and that each signature contained on the attached petition is the genuine signature of the individual whose name it purports to be.

_____
(signature of circulator)

Subscribed and sworn to before me on _____, 20_____, at _____, North Dakota
(city)

(Notary Stamping Device)

_____
(signature of notarial officer)

EXHIBIT
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