## VERIFICATION

The responsible accounting officer shall verify this report under oath.

OATH
State of Illinois
County of Edgar ) SS
Nanette Crippesmakes oath and says that (Insert here the name of the person authorized to execute this Verification.)
he or she isEdgar County 9-1-1 Director
(Insert here the exact legal title of the authorized person.)
of Edgar County ETSB
(Insert here the exact legal name of the emergency telephone system board/qualified governmental entity/other entity.)
that he or she is duly authorized to execute this verification; that he or she has examined the foregoing Annual Financial Report - Form AFR (2017) Excel Workbook (hereinafter referred to as "Report"); that to the best of his or her knowledge, information, and belief, all statements of fact contained in said Report are true; that said Report is a correct statement of the business and affairs of the above-named 9-1-1 Authority in respect to each and every matter set forth therein that said Report will be independently audited for the most recently completed and audited fiscally years that include 2017.
(Signature or authorized person)
Subscribed and sworn to before me, a <u>notary</u> in and for the State and County above named, this <u>22nd</u> day of <u>January</u> , 20 18.
seal)  "OFFICIAL SEAL"  JAMIE TROGDON  Notary Public, State of Illinois My Commission Expires 04/06/2021

Form AFR (2017)

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