

STATE OF MISSOURI )

COUNTY OF BOONE )

**AFFIDAVIT**

I, \_\_\_\_\_, of lawful age, having been duly sworn and upon my oath state:

1. I am the owner or operator of a group home for mentally or physically handicapped individuals, and
2. The above group home is located at \_\_\_\_\_ Columbia, Missouri, and
3. The above group home is not located within a one thousand (1,000) foot, radius of another such group home in \_\_\_\_\_, a single-family neighborhood.

\_\_\_\_\_  
Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

My commission expires: