

**AFFIDAVIT ON BEHALF OF CONTRACTOR**

STATE OF: Wyoming

CITY: Gillette

COUNTY: Campbell

DATE: October 2, 2014

I certify to the best of my knowledge and belief that all work has been performed and materials supplied in strict accordance with the terms and conditions of the correspondence contract documents between the City of Gillette the Owner, and Simon Contractors the Contractor, dated April 30, 2014.

for the PMS 2014 Schedule B 14EN09 Project

And further declare that all bills, for materials, supplies, utilities and for all other things furnished or caused to be furnished by the above named contractor and used in the execution of the above contract have been fully paid, and that there are no unpaid claims or demands of State Agencies, sub-contractors, material men, mechanics, laborers or any other resulting from or arising out of any work done or ordered to be done by said contractor under the above identified contact.

In consideration of the prior and final payments made and all payments made for authorized changes, the contractor releases and forever discharges the Owner from any and all obligations and liabilities arising by virtue of said contract and authorized changes between the parties hereto, either verbal or in writing, and any and all claims and demands of every kind and character whatsoever against the Owner, arising out of or in any way relating to said contract and authorized changes.

This statement is made for the purpose of inducing the Owner to make FINAL PAYMENT under the terms of the contract, relying on the truth and statements contained therein.

Simon Contractors  
Contractor  
P.O. Box 541  
Address  
Gillette  
City  
WY  
State  
82717  
Zip Code

11/13/14  
Date

Signed by [Signature]  
Title Area Manager

Subscribed and sworn to before me this 13 day of November, 2014

[Signature]  
Notary Public



My Commission Expires: \_\_\_\_\_