STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(COUNTY/PARISH) OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIDAVIT OF FACTS PERTAINING TO FORCE MAJEURE

BE IT KNOWN that on the day and date set out hereafter, and in the presence of the undersigned Notary Public, personally came and appeared:

NAME OF AFFIANT

a person of the full age of majority, a resident and domiciled in the County/Parish of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who, being duly sworn did depose and state as follows:

1.

I declare under penalty of perjury, pursuant to the laws of the state of Louisiana that the information and facts set forth therein and in Exhibit 1 (attached to this Affidavit), are materially true and correct.

2.

I am of sound mind and, if called to testify, I will attest to the facts described herein and in Exhibit 1 (attached to this Affidavit).

3.

I, the Affiant, depose and say that I am an employee or agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the holder of the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with said company and/or business entity, and that I have been authorized to make this Affidavit on behalf of said company and/or business entity.

4.

In my position as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have personal knowledge of the activities and/or fortuitous events, attached to this Affidavit as Exhibit 1, affecting state lease or leases No.(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for which the force majeure is requested.

5.

I, the Affiant, do declare under the penalty of perjury, that the information provided describing the activities and/or fortuitous events, attached to this Affidavit as Exhibit 1, are true, correct and accurate.

6.

I, the Affiant, do declare that the activities and/or fortuitous events which caused the force majeure was beyond the control, not the cause, and/or due to said company and/or business entity’s negligence or intentional commission or omission, and

7.

I, the Affiant, do declare that, said company and/or business entity did not fail to take reasonable and timely, foreseeable preventive measures which could have mitigated or negate the effective of said activities and/or fortuitous events.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIDIANT NAME

SWORN TO AND SUBSCRIBED before me, Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bar/Notary No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_