

INDIVIDUAL CPE ATTESTATION AND CERTIFICATION

I, _____, hereby attest that I have the authority to certify the CPE submitted in this firm profile on behalf of the firm of _____.

I understand that the submitted information, if misrepresented or incomplete, may be grounds for immediate removal from the list of firms approved by the Office of the State Auditor for fiscal year 2010 audit engagements.

To the extent allowed by law, the firm of _____ agrees to hold harmless and not take any action seeking to hold liable the Office of the State Auditor for any damages on account of misrepresented or incomplete information submitted in this firm profile.

Print Name Print Title

Signature Date

Supervisor's Name Print Title

Signature Date