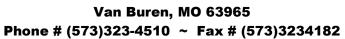


Carter County Sheriff's Department

P.O. Box 817 n Buren. MO 6396



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| Statement of | | Age | | | |
|--|---------------------|------------------------|-------------|----------------|--|
| Address | Date of Birth | | | | |
| Taken at | | SSN: | | | |
| Statement Started at(time)Phone Number() | Completed at | | Date | | |
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| This Statement is True and Accurate to the take full responsibility thereof: | e best of my knowle | edge ther | efore by si | gning my Name | |
| | | | | | |
| Signature of person making state | ment | | | | |
| Deputy taking Statement | | Sheriff / Chief Deputy | | | |
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| | Page | 9 | of | Pages | |