

Attachment I

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(I)

The undersigned contractor ("InfoSend") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which InfoSend is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) InfoSend has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) InfoSend will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) InfoSend will notify the public employer in the event InfoSend ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) InfoSend understands that ceasing to utilize the federal work authorization program constitutes a material breach of contract;
- e) InfoSend will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to InfoSend with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) InfoSend acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which InfoSend is a party after the date hereof without further action or consent by InfoSend; and
- g) InfoSend acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

InfoSend, Inc.
Name of Contractor

Data Processing, Printing, and Mailing Services
Name of Project

Lowndes County, Georgia
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____, in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC
My Commission Expires: _____