## **AFFIDAVIT**

STATE OF)	
COUNTY OF)	: SS.
The undersigned, being first duly s	worn on oath, deposes and says that:
1. I am a member of("Associat	f the Association of Apartment Owners of ion").
·	ant to the Condominium Property Act to review
and have copies of the following:	
3. The information is reque	ested in good faith for the protection of the interests
of the Association or its members or both.	
4. I understand that pursuant to the Condominium Property Act, I am obligated to pay for administrative costs in excess of eight hours per year for the documents	
and other administrative costs associated with	handling this request.
5. I understand that this Af	fidavit is made under penalty of perjury.
Further Affiant sayeth naught.	<del>-</del>
· -	
	(signature)
	(Print name here)
Subscribed and sworn to before me this	
day of	Doc. Date: # Pages: Circuit  Doc. Description:
Type/Print Name Notary Public, State of Hawaii My commission expires:	
	Notary Signature Date
$G: \label{lem:condition} G: lem:condi$	NOTARY CERTIFICATION