CERTIFICATION OF REMEDIAL ACTION EXPENSE

STATE OF SOUTH		• 11		
COUNTY OF		: .)		
I hereby certi	fy and affirm tha	t I performed the re	medial action cor	ntrol operations
on the following desc	cribed real proper	ty:		
Quarter:	Section:	Township:	Range:	, County
	, South Dako	ta as requested by t	he	
County Weed and Pe	est Board by its re	esolution on the	day of	
	; th	at the treated area o	contained approxi	mately
acres; that the cost of	f control operation	ns was \$, a	s is further outlin	ed on the
attached itemized sta	tement; and that	I have not received	compensation for	r these services
from any other sourc	e.			
Dated and signed this	s day of			
ignature Date				
Subscribed and swor		Notary Public, on t	his day of	
(seal)		Notary Public		
My Commission exp	ires:	, 2		