

CERTIFICATION OF REMEDIAL ACTION EXPENSE

STATE OF SOUTH DAKOTA)
: \\.
COUNTY OF _____)

I hereby certify and affirm that _____, _____
(Name) (Address)
_____ is the owner of the following described
(Address)

real property:

Quarter: _____ Section: _____ Township: _____ Range: _____, County
_____, South Dakota; that an inspection made on the _____ day of
_____, 2_____, confirmed that the above described real property had an
infestation of _____; that on the _____ day of
_____, 2_____, the _____ County Weed and Pest
Board by resolution of the Board confirmed the infestation and outlined control measures
required to be performed by the _____ day of _____, 2_____; that the
Board mailed a copy of this resolution by certified mail to the landowner described above
on the _____ day of _____, 2_____; that a second inspection of the
above described real property was made which revealed that the control measures were not
performed; and that on the _____ day of _____, 2_____,
_____ performed remedial operations on the above-

(Name of Firm)
described real property under my supervision, and that a satisfactory level of control of the
infestation was obtained.

I therefore hereby recommend that the attached statement of cost of remedial
operations be paid in full.

Dated and signed this _____ day of _____, 2_____.

Signature Date

Subscribed and sworn to before me, a Notary Public, on this _____ day of
_____, 2_____.

(seal) _____
Notary Public

My Commission expires: _____, 2_____.