

Notarized Statement

I declare that _____ produced his/her government issued photo identification, a copy of which is attached hereto as Exhibit "A", evidencing his/her identity and date of birth; that I recognized him/her as the person identified by that identification; and that he/she is currently enrolled as a student in the naturopathic medicine education program at the Canadian College of Naturopathic Medicine.

I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature: _____

Name: _____

Title: _____, Canadian College of Naturopathic Medicine

DECLARED BEFORE ME at the _____)
_____, in the _____)
Province of _____, this _____)
day of _____, 20____.)

_____)
A Commissioner for taking Affidavits)
within the Province of _____.)

Signature of Commissioner

Exhibit "A"