

Disfrict:	Cameleon Estates CSD
Date:	7/31/2024
Prepared By:	Joy Reggiardo
Contact Phone:	(530) 677-5889

DEPT: _____
FILE NAME: _____

Date: _____

THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES, I FURTHER CERTIFY I AM AUTHORIZED BY THE BOARD OF DIRECTORS TO SIGN THIS AFFIDAVIT.

FILE NAME	DATE	ALWAYS 2	ORG	OBJECT
Angela Johnson				

PROCESSOR USE ONLY

Return to District

Entered by

Date:

[illegible]