

**SIGNATURE AFFIDAVIT**

In signing this proposal, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposals to any other proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned, submitting this proposal, hereby agrees with all the terms, conditions, and specifications set forth herein and required by La Crosse County in this Preferred Provider Solicitation Package, and declare that the attached proposal and pricing are in conformity therewith.

\_\_\_\_\_  
Name (Type or Print) Title

\_\_\_\_\_  
Signature Firm

\_\_\_\_\_  
Address: (Street, City , State, Zip Code)

\_\_\_\_\_  
Telephone Fax E-Mail

\_\_\_\_\_  
Date