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Control Number - 53233

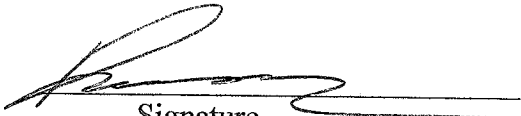
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STATE OF Oregon §
COUNTY OF Hood River §

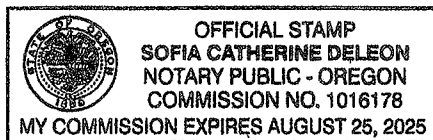
1. My name is Derek Larson. I am the managing member of the Applicant Draupnir Infrastructure Group, LLC.


2. I swear or affirm that I have personal knowledge of the facts stated in this Application for a Certificate of Operating Authority, that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application for a Certificate of Operating Authority are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements of law applicable to a Certificate of Operating Authority.


Signature

Derek Larson, Managing Member
Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the 20 day of APRIL, 2022.




Notary Public In and For the
State of OREGON

My commission expires: 08/25/2025