

DETAILS OF COMPLAINT (CONT'D) _____

I SWEAR THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I WILL VOLUNTARILY APPEAR AND TESTIFY TO THE FACTS IN THIS COMPLAINT IF CALLED UPON TO DO SO BY THE KENTUCKY BOARD OF OPTOMETRIC EXAMINERS.

SIGNATURE OF COMPLAINANT

NOTARY'S CERTIFICATE - COMPLAINT MUST BE NOTARIZED

STATE OF: _____

COUNTY OF: _____

THE ABOVE COMPLAINANT BEING BEFORE ME IN PERSON AND THE COMPLAINT BEING SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE AND COUNTY AFORESAID, BY _____ THIS _____ DAY OF _____, 20_____.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC