## AFFIRMATION OF COMPLIANCE AND RELEASE

I,	hereby affirm that I desire to be eligible to become a
Trustee of Talquin Electric Cooperative	e, Inc. and that I have:
1. Read and understand the	qualifications required of Trustees for Talquin Electric
Cooperative, Inc., which are referred to	o in Article IV, Section 2 of the Bylaws of Talquin Electric
Cooperative, Inc., and	
2. That I am in compliance wi	th the qualifications as stated in Article IV, Section 2 of
those Bylaws.	
3. I hereby agree to and give	my permission and release of all rights necessary for the
Cooperative to investigate and acquire	reports necessary to affirm such compliance in order to be
deemed qualified, including, a crim	inal background check, a drug test and random drug
screening, a credit check, and all oth	ner investigations or acquisitions or reports necessary to
affirm compliance with Talquin Bylaw	s in order to be deemed qualified.
Signature	Date
STATE OF FLORIDA COUNTY OF:	
	vas acknowledged before me this day of, who is personally known to me or,
if not personally known to me, who precation and who did take an oath.	, who is personally known to me or, roduced a Driver's License for identifi-
[Notarial Seal/Stamp]	NOTARY PUBLIC
	(Printed Name of Notary)