## ATTACHMENT C

## AFFIDAVIT OF PRIVATE EMPLOYER OF COMPLIANCE PURSUANT TO O.C.G.A. §36-60-6

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

<u>84-9142668</u>
Federal Work Authorization User Identification Number
1.3.2020
Date of Authorization
Lucila Parker
Name of Private Employer
I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on 1-7th, 2021 in Moultric (city), Coa (state).
y Lucila R Bark
Signature of Authorized Officer or Agent
Lucila R Parker
Printed Name and Title of Authorized Officer or Agent
Sworn to and subscribed before me this day of 2021.
Jales Man - CEELCIA SEAL
CARLOS MARTINEZ
COLOUITY COUNTY
My commission expires: 12-6-202 My Commission Expires Dec. 6, 2024