

**AFFIDAVIT OF ORIGIN AND  
INDEMNIFICATION AGREEMENT**

STATE OF FLORIDA §

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COUNTY OF MARION §

I, (name) \_\_\_\_\_, (title) \_\_\_\_\_  
of (company) \_\_\_\_\_ (the "Company"), individually  
and in my capacity as an authorized officer of the Company, declare that the Ocala-Marion  
County Chamber of Commerce, Inc. dba Ocala/Marion County Chamber & Economic Partnership  
(the "CEP") will not be held liable for any misrepresentations or fines associated with any and  
all Certificates of Origin signed and processed by the CEP on the above Company's behalf. I  
further agree on behalf of the Company to releases and waives and agrees to indemnify and hold  
harmless the CEP and its affiliates, and its and their respective directors, officers, employees,  
principals, successors and agents for any and all claims, liabilities, demands, causes of action,  
costs and expenses (including, but not limited to, attorney's fees), arising from or relating to the  
subject matter of this affidavit or the issuance of any and all Certificates of Origin on behalf of  
the Company or any of its subsidiaries including, without limitation, damages, losses, claims,  
demands and causes of action made by or on behalf of any third party by reason of (a) such  
materials or any parts thereof originating other than in the United States or (b) any incorrect or  
incomplete information contained in or attached of said Certificate.

I further state, individually and in my capacity as an officer of the Company, that any and all  
Certificates of Origin and additional papers submitted to the CEP are filled out truthfully and  
that the products named on the Certificate of Origin are manufactured in the United States of  
America and are of United States of America origin. I further agree that no alterations will be  
made to any Certificate of Origin processed on behalf of the above named Company after it has  
been signed and sealed by the CEP. I am authorized to sign for my company. In addition, I  
state upon oath in my individual capacity and as an authorized officer of the Company that all  
facts stated herein are true and correct.

Signed \_\_\_\_\_

STATE OF FLORIDA §

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COUNTY OF MARION §

Taken, subscribed and sworn to before me by \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for The State Of Florida