AFFIDAVIT FOR ALTERED STATE WARRANT

| I, |
|--|
| chief fiscal officer of, |
| an agency of the State of North Carolina, being first duly sworn, deposes and says that warrant number |
| , dated, official amount of |
| officially issued by this agency, made payable to |
| and drawn on the State Treasurer, has been altered as follows (complete as applicable): |
| Official Payee:Altered Payee: |
| Official Issued Date:Altered Date: |
| |
| WITNESS my hand and seal, this theday of, |
| (SEAL) Chief Fiscal Officer |
| STATE OF) |
| COUNTY OF) |
| Subscribed and sworn to before me |
| This the, |
| Notary Public |
| My commission expires: |

The statute of limitation for alterations is one year. (G.S. 25-4-406)