AFFIDAVIT OF RESIDENCY

To be completed by: (1) Applicants for Distributor and Terminal Operator Licenses, and (2) Persons of

Substantial Interest in Applicants for Distributor and Terminal Operator Licenses. County of ______ ss Check the appropriate box and sign the bottom of the form below before a notary public. **INDIVIDUAL** _____being first duly sworn upon oath or affirmation, depose and state that during all times of licensure I will be: (i) domiciled in Illinois or maintain a bona fide place of abode in Illinois; or (ii) be required to file an Illinois tax return during each taxable year. \Box **CORPORATION** _____, being the duly authorized _____ _____, and being first duly sworn upon oath or (name of corporation) _____ is organized under the laws of the State of Illinois or is a foreign corporation with a certificate of authority to transact business in Illinois. **PARTNERSHIP** _____, being the duly authorized _____(office) _____, and being first duly sworn upon oath or (name of partnership) affirmation, depose and state that either: the following one or more partners are or will be residents of Illinois during all times of (1) licensure: (name of partner) (name of partner) (name of partner) (name of partner) or, the partnership is doing business in Illinois and has an office in Illinois located at 2) (address of partnership office in Illinois)

sworn upon oath or affirmatio
of the Tr
Illinois Resident Individual at
in that he or she was eit
n Illinois; or (ii) he or she
(city)
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Affiant

August 26, 2010 2