Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_

**Affidavit of Residency**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, do solemnly swear or affirm the following under penalty of perjury:

1. I am a legal resident of the aforementioned address and have been residing at this address since [Date].

2. I affirm that I am the primary resident of the aforementioned address and maintain it as my principal place of residence.

3. I confirm that I am a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and hold a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[citizenship/immigration status].

4. I am providing this Affidavit of Residency for the purpose of verifying my residence to **INVEST IN A SAFE HARBOR EXEMPT SECURITY ON REDEECASH EXCHANGE**, as required by their policies and regulations.

5. I declare that the information provided in this affidavit is true, accurate, and complete to the best of my knowledge.

6. I understand that providing false information in this affidavit may lead to legal consequences and revocation of any privileges associated with the verification of residency.

7. I am aware that I may be required to provide additional documentation or evidence to support my residency, if requested by the relevant authority or entity.

8. I authorize the recipient of this affidavit to verify the information provided herein by conducting any necessary inquiries or investigations.

9. I agree to promptly notify **PRESSPAGE ENTERTAINMENT INC dba REDEECASH** in writing of any changes in my residency status or address within 15 days of such change.

10. I acknowledge that this affidavit may be used as evidence in legal proceedings, and I am fully responsible for the contents and accuracy of the information provided.

Signed under oath, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Your Name]

Sworn to and subscribed before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

[Notary Seal/Stamp]