Attachment II

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Schneider Geospatial, LLC on behalf of Lowndes County, Georgia Board of Tax Assessors has registered with, is authorized to use and uses 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. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

88-21-0426h	eation are as tollows.
88-2604266 Federal Work Authorization User Identification Number	
Date of Authorization	
Name of Subcontractor	
Property Tax Website Name of Project	
<u>Lowndes County, Georgia Board of Tax Assessors</u> Name of Public Employer	
I hereby declare under penalty of perjury that the foregoing is true an	d correct.
Executed on August , 4, 20 22, in Infigure pelis (city), ill Signature of Authorized Officer or Agent Printed Name and Title of Authorized Officer or Agent	(state).
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE LADAY OF AUGUST, 20 22. NOTARY PUBLIC My Commission Expires: C1-C4-2024	MOTARY PUBLIC O SOLARY SEAL OF INDIA