

KONGS & SEIB, P.A.

Certified Public Accountants

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I certify that I meet at least one of the following conditions:

1. I was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act)
2. My spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act)
3. I have experienced adverse financial consequences because of one of the following conditions:
 - a. I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19
 - b. I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19
 - c. A business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19
 - d. I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

Signature

Name

Date