8. **AGGREGATE TOTAL OF ALL IN-STATE EVENTS**

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). **Authority: T.C.A. § 3-6-303(a)(3).**

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9. **TO BE SIGNED BY REPORTING OFFICIAL *(must be attested to by a witness)***

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

4-20-07

Signature of Person Completing Report — Date

Print Name of Person: Mike Embrey

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Signature of CEO, CFO or Authorized Representative — Date

Print Name of Person: Mike Embrey

I, Daylene Walters, the undersigned, do hereby witness the above signature of the CEO, CFO or Authorized Representative, which was signed in my presence.
*(Printed Name of Witness)*

Daylene Walters — 4-20-07

Signature of Witness — Date

SS-8011