

# Affidavit for Accessing Investment Incubator Information

To: Novasol Judicare Inc.  
Fax: +1-775-890-0699  
or E-mail: novasol-office@hushmail.com

Re: **Accessing your web-based information on Investment Incubators**

Dear Sirs,

I, \_\_\_\_\_, hereby declare that I would like to access your password protected web pages on Investment Incubation, for the exclusive purpose of my own personal education.

I am referred to your site by:\_\_\_\_\_.

I further warrant that I read, understood, and followed all instructions on the webpage <http://freedomfromtaxes.com/InvestmentIncubator.php> and the pages I was led to by following the payment links on that page and the following pages.

I prove my identity through making a non-refundable payment with a credit card in my own name, providing this e-mail address to the payment processor: \_\_\_\_\_

The payment was made on this date: \_\_\_\_\_

and the receipt number is: \_\_\_\_\_

*(Note: If there is neither a payment reference to a payment made through a personal credit card, then this document must be notarized or have the signature on it witnessed by two non-related people.)*

I understand that the web pages and e-mails describing this information as well as the information itself all are copyright protected, and that I am not allowed to share any of them with anyone else, except with my lawyer, as specifically instructed by you. I declare my full intent to respect that.

I further agree that I am acting completely and exclusively in the capacity of a private person seeking financial benefits from the use of this knowledge to myself, or someone in my care or under my custody, whose personal interests I am responsible for as a trustee. I am not acting as a representative of any other persons whose affairs I do not control, or of any interest groups or organizations, businesses, enterprises, agencies, or departments, and I am not working under orders or instructions from anyone whom I have any kind of obligations to, other than a possible private trustee relationship.

I declare that I will not, under any circumstances, share this information with others, including (but not limited to): my peers or superiors, government representatives, and/or employees, unless explicitly ordered to by a court of law. I understand and agree to these statements under penalty of perjury, fraud and other charges. I am fully aware that any breach of these covenants from my side can and will be used against me in a court of law. I also agree that, in case of such a breach, I will be responsible for paying Novasol a non-negotiable licensing fee of US\$60,000 plus all incurred damages on the part of Novasol Judicare Inc. and its affiliates and

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associates, including (but not limited to) their legal fees, employee time, subcontracted work, lost business, etc. that might arise from such a breach.

I further inform you that I have established the following Hushmail account to receive the access code for the pages about this information on using an Investment Incubator:

Hushmail: \_\_\_\_\_

I understand that you will submit to me further instructions for accessing this information when you approve of this affidavit. I understand that if the above hushmail address is illegible or invalid, I will hear nothing from you, and my payment then becomes non-refundable.

I declare all of the above information to be true, and I commit to the covenants given above, under respect for the law in my country, as well as the law of the State of Idaho:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following two witnesses (or one notary) hereby confirm that the signature and the date above are authentic, and the personal data are correct and verified against a personal ID (preferably a passport, alternatively two other IDs), a copy of which will be sent along with this affidavit. *(Note: When either a payment reference or a sponsor code is given correctly, notarization or witnessing is not required.)*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ ID seen: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ ID seen: \_\_\_\_\_