	WITNESS STATEMENT		
LACE M'EVE PDC	DATE . /	TIME IC.	
STNAME ITERITA	6/17/2022	1816	FILE NUMBER
AST NAME, FIRST NAME, MIDDLE NAME Beatler, Christophu	EMPLOYEE ID NUMBER	1010	
STITUTION OR ADDRESS	0/023287		STATE ID NO.
THE TOTAL OR ADDRESS			
			Medical Control
I. Christopher Bentley W	SWORN STATEMENT		
	ANT TO MAKE THE FOLLOW	VING STATEMENT UND	ER OATH:
1 6/5/22 at 0322 hours I, Christophe	r Bentley, wrote Sa	+ Milk AKA Sa	J. Marshall of 11:11
t. Marshall did not have anything to do			of the office will
7. Marshall ard not have anything to do) With it at all. E	end of Statement	
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	INITIALS OF PERSON MAKIN	IG STATEMENT	
TIONAL PAGES MUST CONTAIN THE HEADING "STATEMEN TIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON M I ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE I RSE SIDE OF ANOTHER COPY OF THIS FORM	TOE THE		PAGE 1 OF PAGES
			THE BOTTOM OF EACH

STATEMENT (Continued)	
AFFIDAVIT	
HAVE READ OR HAVE HAD READ TO ME THIS STATEM AND ENDS ON PAGE I, Chistophe Bollow Page I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY AND ENDS ON PAGE I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY AND ENDS ON PAGE HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT MADE BY AND ENTIRE STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT THREAT OF PUNISHMENT, AND WITHOUT THREAT OF PUNISHMENT, AND WITHOUT THREAT OF PUNISHMENT. INFLUENCE, OR UNLAWFUL INDUCEMENT.	TATEMENT. I HAVE MADE THIS THOUT COERCION, UNLAWFUL Stoom Burks F Porson Making Statement)
WITNESS Subscribed and swom to be to administer oaths, this	efore me, u person authorized by law day of, 20
- INSTITUTION OR ADDRESS (Signatur	e of Person Administering Oath)
(Typed Na	me of Person Administering Oath)
INSTITUTION OR ADDRESS (Auth	ority to Administer Oath)
INITIALS OF PERSON MAKING STATEMENT P.	AGE 2 OF 2 PAGES