## **CERTIFICATE OF COMPLIANCE**

I,	, of
(Name)	
(Compan	y/Institution/Agency)
certify the records I provided (either) to	Special Agent,
or by certified mail accountability number	ber, return receipt
requested, are accurate, complete, and i	in full compliance with the Department of Defense
Inspector General Duces Tecum number	er  (Unique Identification Number)
privilege, identify each document, spec	not provided. (If documents are withheld based on ify its author and addressee, date, subject matter, all e furnished, and the basis of your claim of privilege.)
(Use attac	chment if necessary)
In accordance with Title 28, United Stathe foregoing is true and correct.	tes Code, Section 1746, I certify under penalty of perjui
(Signature of Respondent)	(Date)