

VERIFICATION

STATE OF ARKANSAS)
)SS
COUNTY OF SEBASTIAN)

I, Katalina McMichael, state that I have read the **“MOTION FOR PROPER MEDICAL CARE OR ALTERNATIVELY FOR REDUCTION OF BOND, AND FOR ONE DAY CONTINUANCE OF TRIAL,** and that the factual statements concerning Wayne Fincher’s current condition, and his statements about his medical condition and medical treatment, are true and correct to the best of my knowledge and belief, and made from notes made contemporaneous with the interview of Mr. Fincher.

WITNESS my hand on this the 5th day of January 2007.



KATALINA MCMICHAEL

SUBSCRIBED AND SWORN to before me, Denise Russell, a Notary Public, this _____ day of January 2007.



NOTARY PUBLIC

My Commission Expires:

