

# Non-Compete Agreement Obligation Affirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I, [Your Name], hereby affirm that I am fully aware and understand my obligations under the Non-Compete Agreement I signed on [Insert Date of Agreement], while employed with [Company Name]. I acknowledge that I will not engage in any competitive activities that may infringe upon the interests of [Company Name] during the term of the agreement and for the specified duration thereafter.

Should there be any questions or the need for further clarification regarding these obligations, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]