

Certificate of Incumbency

I, the undersigned, do certify, under penalty of perjury, that I am an authorized officer of _____ (company name), organized under the laws of the State of _____, on _____, 20____, with the company's principal office located at address _____ and that the following persons were appointed to the offices indicated below, and that said persons continue to hold such offices on this date, and the specimen signatures set forth opposite the names are genuine, and the addresses listed below are correct, to the best of my knowledge and belief:

Name	Title	Specimen Signature
_____	_____	_____
Address _____	_____	_____
_____	_____	_____
Address _____	_____	_____
_____	_____	_____
Address _____	_____	_____
_____	_____	_____
Address _____	_____	_____
_____	_____	_____
Address _____	_____	_____

In witness whereof, I have hereunto subscribed my name and affixed the seal of said company, (if any), on this date _____, 20____.

Name Title

[Company Seal]
Signature

=====
State of _____
County of _____

Subscribed and sworn to, or affirmed, before me on this date _____, 20____ by _____.

[Notary Seal]
Notary Signature