

INCUMBENCY CERTIFICATE

I, _____, Secretary of _____
do hereby affirm and verify that the duly constituted officers of the Corporation as of _____, _____ (year), are:

_____, President
_____, Vice President
_____, Treasurer
_____, Secretary

A True Record:
Attest:

Secretary

STATE OF _____ }
COUNTY OF _____ }

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Signature _____

Affiant _____ Known _____ Unknown _____
ID Produced _____
(Seal)