



CERTIFICATE OF INCUMBENCY

To Whom It May Concern:

We, the undersigned Secretary of

(Company name)

Hereby certify that the following are its officers and directors namely:

Officer (Name and title)

Signature

Officer (Name and title)

Signature

Director

Signature

Director

Signature

Dated at _____ this ____ day of _____, 20__.

Secretary's Name

Signature