

Signature Certification

(Pursuant to W. S. 16-2-102)

STATE OF WYOMING

} ss.

County of _____

I, _____, being first duly sworn, upon my oath affirm:

That I am the duly (elected) (appointed), qualified and acting _____ (office held) of _____ and that my present term of office will expire _____ (agency).

That the signature affixed below is my own manually inscribed signature in the form and manner used to execute all official documents in my official capacity.

(Facsimile of signature, if used)

(Manual Signature)

Subscribed and sworn to before me this ____ day of _____, A.D. 20____.
My Commission expires _____.

Notary Public
My commission expires _____

(Printed Seal)

Filing office: Wyoming Secretary of State
Capitol Building
Cheyenne, WY 82002
Phone: 777-5407

No fee required
pm65net/misc/sigcert.p65