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

1/2003