LIMITED LIABILITY CERTIFICATE

I certify that the following officer(s) listed below are within the scope of powers delegated to them by the governing body of _____ to execute Leases and Supplemental Agreements on its behalf.

_____	_____
PRINTED NAME	SIGNATURE
_____	_____
PRINTED NAME	SIGNATURE
_____	_____
PRINTED NAME	SIGNATURE
_____	_____
PRINTED NAME	SIGNATURE

I, _____, certify that I am the
(PRINTED NAME)

_____ of _____.
(TITLE OF APPROPRIATE OFFICER)

_____
Signature

_____
Date

(The person that signed the attached instrument cannot sign Certificate)

This form certifies that the person signing the attached instrument has the authority to do so. The signature of the Secretary/Attesting Officer and the Individual signing the attached instrument cannot be the same.