

CERTIFICATE OF OFFICERS

Exact legal name of Corporation: _____

State of Organization: _____

Corporation's Organization ID#: _____

Corporation's Tax Payer ID#: _____

Does the Corporation have more than one place of business? ____ No ____ Yes

Address of Corporation's place of business (If Corporation has more than one place of business, then note the Corporation's Chief Executive Office):

(initial appropriate blank below)

_____ Corporation has bylaws and a current/complete copy is attached; or

_____ Corporation does not have bylaws because it is a single-shareholder entity;

Name(s) of all Directors: _____

Name(s) of all Officers: President: _____
 Vice-President: _____
 Secretary: _____
 Treasurer: _____

Name(s) of all Shareholders:	Number of Shares	% of Shares Outstanding
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: _____

By: _____
Secretary