

Certification of Trust for

dated _____

This Certification of Trust is signed by the currently acting Trustees of _____ dated _____, who declare:

1. The Grantors of the trust are _____ and _____. The trust is revocable by the Grantors, acting jointly and not separately.
2. The Trustees of the trust are _____ and _____. The signature of one Trustee is sufficient to exercise the powers of the Trustee.
3. The tax identification number of the trust is the Social Security number of either _____ and _____.
4. Title to assets held in the trust will be titled as:
_____ and _____, Trustees of _____ dated _____ and any amendments.
5. An alternative description will be effective to title assets in the name of the trust or to designate the trust as a beneficiary if the description includes the name of at least one initial or successor Trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the trust.
6. Excerpts from the trust document that establish the trust, designate the Trustee, and set forth the powers of the Trustee will be provided upon request. The powers of the Trustees include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage, and deal with real and personal property interests.
7. The terms of the trust provide that a third party may rely upon this Certification of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this trust or the authority of the Trustee, or to see to the application that the Trustee makes of funds or other property received by the Trustee.
8. The trust has not been revoked, modified, or amended in any way that would cause the representations in this Certification of Trust to be incorrect.

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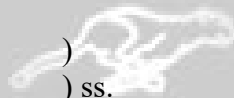
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Dated: _____

_____, Trustee

_____, Trustee

STATE OF NEVADA



COUNTY OF CLARK

This instrument was acknowledged before me on _____, by _____ and _____, as Trustees.

[Seal]

BREAKING BOUNDARIES; UNRIVALED SOLUTIONS
BY BUSINESS & TAX PRACTITIONERS

Notary Public

My commission expires: _____

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