

DFCC: 'C: 'AUTHORITY OF LIMITED LIABILITY PARTNERSHIP

STATE OF _____)
County of _____)
ss.

COMES NOW _____, after first being duly sworn, and affirms that the document attached hereto entitled _____ is a true and correct copy of the current existing agreement of the partners of _____.

Section _____, starting on page _____ identifies the name(s) of the individual(s) who have the authority to bind the individual(s) who have the authority to bind the limited liability partnership. The partners understand that each individual identified therein must sign the contract and give his/her personal guarantee for completion of any contract resulting from acceptance of the limited liability partnership's proposal for a contract described as _____.

, Managing Partner

Sworn and subscribed before me by _____ this ___ day of _____, 20__.

Notary Public for the State of _____
Residing at: _____
My commission expires: _____

[NOTARIAL SEAL]