

DFCC: 'C: 'AUTHORITY OF 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 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 partnership's proposal for a contract described as

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\_\_\_\_\_  
, Partner

Sworn and subscribed before me by \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

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

[NOTARIAL SEAL]