

Agreement

I hereby certify that I am the Secretary of (Corporation): _____, (Tax ID Number): _____ a corporation duly organized and existing under the laws of the State of (State/Province): _____, and that the following is a true copy of a resolution duly adopted by the board of directors of said corporation at a meeting held the (Day): ____ day of (Month): _____ (Year): _____, at which meeting a quorum was present and acting throughout, or by unanimous consent of the board of directors dated as of the (Day): _____ day of (Month): _____ (Year): _____, and that such resolution has not been rescinded or modified and is in full force and effect:

RESOLVED, that the President, Vice President and the Treasurer of this corporation, or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, debentures, notes, evidences of indebtedness or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation, to purchase stocks, bonds, debentures, notes, evidences of indebtedness and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation any and all written instruments necessary or proper to effectuate the authority hereby conferred.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

I further certify that the authority hereby conferred is consistent with the charter or by-laws of this corporation. Unless indicated below that I am a sole officer, the following is a true and correct list of the officers of this corporation as of the present date and a record of the officers' signatures:

I am the sole officer.

Print Information

President Name (First, Middle Initial, Last, Suffix): _____

Street Address (No PO Boxes or Mail Drops): _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Telephone Number: _____ Date of Birth (MM-DD-YYYY): _____

U.S. Social Security Number (If none, you must submit a copy of your passport.): _____

Check here if you, any member of your immediate family, personal or business associate is a senior political figure. Specify the name of the political figure, political title, relationship to account owner and country of office. _____

Check here if you are a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the company ticker symbol, address, city and state/province. _____

Check here if you are licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. We must receive a compliance letter along with this application.

Please specify if you are: Unemployed Retired Homemaker Student Source of income (if retired or unemployed): _____

Employer Name: _____ Occupation: _____

(If self-employed, provide the name of your business and industry.)

Type of Business: _____

Employer Street Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Signature: _____



Vice President Name (First, Middle Initial, Last, Suffix): _____

Street Address (No PO Boxes or Mail Drops): _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Telephone Number: _____ Date of Birth (MM-DD-YYYY): _____

U.S. Social Security Number (If none, you must submit a copy of your passport.): _____

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Employer Street Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Signature: _____

Treasurer Name (First, Middle Initial, Last, Suffix): _____

Street Address (No PO Boxes or Mail Drops): _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Telephone Number: _____ Date of Birth (MM-DD-YYYY): _____

U.S. Social Security Number (If none, you must submit a copy of your passport.): _____

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Signature: _____

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation this

(Day) _____ day of (Month) _____ (Year) _____.

Secretary's Signature (or sole officer): _____

Printed Name of Secretary: _____