AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

| State of Ohi County of | 0 |
|-----------------------------|--|
| 1 | (Name of Agent) certify under penalty of |
| | (Name of Principal) granted me |
| | agent or successor agent in a power of attorney dated |
| I furth | ner certify that to my knowledge: |
| (1) | The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated; |
| (2) | If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred; |
| (3) | If I was named as a successor agent, the prior agent is no longer able or willing to serve; |
| (4) | |
| | |
| | (Insert other relevant statements) |
| | SIGNATURE AND ACKNOWLEDGMENT |
| Agent's Sigr | nature Date |
| Agent's Nan | ne Printed |
| Agent's Add | lress |
| Agent's Tele | ephone Number |
| State of Ohi County of _ | 0 |
| This docume | ent was acknowledged before me on, |
| | _ (Date), by (Name of Agent). |
| My commiss | sion expires: Notary |
| | ent prepared by: |
| | |