

CERTIFICATE OF TRUST EXISTENCE AND AUTHORITY

STATE OF WISCONSIN)
) SS
COUNTY OF)

The undersigned Trustee(s) certify(ies) that:

1. The _____ Trust exists under an Agreement dated _____, and as amended thereafter.
2. The Trust Agreement remains in full force and effect and has not been amended.
3. The Successor Trustee(s) of the Trust at the time of this certificate is/are _____.

Personally came before me this _____ day of _____, the above named _____ known to be the person(s) who executed the foregoing instrument and acknowledged the same.

_____ - Notary Public
_____, _____
My Commission expires _____