

SOLE PROPRIETORSHIP RESOLUTION OF AUTHORITY

By:

Referred to in this document as "Financial Institution"

Referred to in this document as "Proprietorship"

I, _____, certify that I am the sole owner of the above named proprietorship, Federal Tax I.D. Number _____, engaged in business under the trade name of _____.

AGENTS: Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Faxsimile Signature (If used)
A. _____	X _____	X _____
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED: (Mark one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
_____ (F)	Exercise all of the powers listed in this resolution.	_____
_____ (E)	Open any deposit or other accounts in the name of the Proprietorship.	_____
_____ (E)	Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____ (E)	Borrow money on behalf and in the name of the Proprietorship, sign, execute and deliver promissory notes or other evidence of indebtedness.	_____
_____ (E)	Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, and estate or other property now owned or hereafter owned or acquired by the Proprietorship as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to make demand, presentment, protest, notice of protest and notice of non payment.	_____
_____ (E)	Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____ (F)	Other _____	_____

LIMITATIONS ON POWERS: The following are the Proprietorship's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS: This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY: I further certify that the Proprietorship has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the person named who have full power and lawful authority to execute the same.

Optional Notarization:

Subscribed and sworn to before me this _____

day of _____.

Notary Public

In Witness Whereof I have subscribed my name to this document as _____ (Name)

(Type Name of Proprietor Before Signature)