CERTIFICATE OF INCUMBENCY

Dated:			
Equipment and Payme	ent Schedule No:		
State: STATE OF LO	UISIANA -		
Agei	ncy Name:		
Secretary/Clerk of the a State is located, that I h	above State (the State"), a politicative the title stated below, and the State holding the offices set for	do hereby certify that I am the duly excal subdivision duly organized and existing us hat, as of the date hereof, the individuals name of the opposite their respective names. Authorized Representatives stated in Resolution	ander the laws of the State where ned below are the duly elected or
Name	Title	Signature	
Name	Title	Signature	
Name	Title	Signature	
IN WITNESS WHERE	OF, I have duly executed this ce	rtificate and affixed the seal of such Lessee as	s of the date set forth below.
Signature of Secretary/O	Clerk of	_	
Print Name:		<u> </u>	
Official Title:		<u> </u>	
Date:		_	
	cretary/Clerk is also the author certificate must also be signed by	ized representative that executes a Financing by a second officer.	g Agreement / documents by the
Print Name:		Signature:	
Title:			
Date:			