

Certificate of Authority # 4

(Limited partnership or LLC with Manager)

Limited Partnership or LLC Certification of Authority

I, _____, hereby certify that I am a Partner, Member or Manager
(Name)

of _____ a limited liability partnership under RSA 304-B or a
(Name of Partnership or LLC)

limited liability company under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC.

I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization has not expired.

DATED: _____

ATTEST: _____
(Name and Title)