

Certificate of Authority # 5

(General partnership)

Partnership Certification of Authority

I, _____, hereby certify that I am a General Partner
(Name)

of _____ a general partnership under RSA 304-A.
(Name of Partnership)

I certify that I am authorized to bind the partnership.

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position indicated and that they have full authority to bind the partnership and that the authority has not expired or been revoked.

DATED: _____

ATTEST: _____
(Name and Title)