

Certification of Financial Statement Form for Administrators

, of	this reporting enti	ty,	
(officer or other comparable responsible person)		(name of administrator)	
being duly sworn, deposes and says that is the c	described		
being duly sworn, deposes and says that is the c (he/she)	(officer o	r other comparable responsible pe	erson)
of the reporting entity, and that for the reporting period	d stated in the att	ached financial report ending as	s of the
date of, all of the ("as of " date of attached financial report)	e therein describe	ed assets were the absolute pro	perty of
the reporting entity, free and clear from any liens or cla	ims thereon, exce	pt as herein stated, and that the	e statement, together
with related exhibits, schedules, notes, and explanation	s therein containe	ed, annexed, or referred to, is a	full and true statemen
of all the assets and liabilities and of its income and ded	luctions there from	n, and the condition and affairs	of the reporting entity
as of the reporting period, and have been completed in	accordance with	generally accepted accounting p	orinciples.
	(Signature	of Officer or other comparable r	esponsible person)
	_	(Printed or typed name)	
	Date		
State of)			
County of)			
Before me, on this day personally apperent be the person whose name is subscribed to the foregoin purposes and consideration therein expressed.	eared ng instrument and	acknowledged to me that he ex	, known to me t ecuted the same for th
Given under my hand and seal o	of office this	day of	, 20
(Seal)		Notary Public (Signature	2)
(5-5-7)			
		Printed or Stamped Nam	ne
	My commis	ssion expires	