CERTIFICATE OF TRUST

I/We _____ ___ , certify that:

1. I/we have been appointed and have accepted appointment as Trustee(s) of the _____and said Trust is still in effect and has not been revoked.

2. Attached to this certificate of trust are true and correct copies of the pages of the _____, which disclose:
   a. The name of the trust and the date the trust was signed;
   b. The powers of the Trustees;
   c. The signature of the settlor and trustee.

The taxpayer identification number listed below shall be used by payers of income for Form 1099 reporting purposes:

Taxpayer ID No. : _____

Trust Address _____
_____
_____

Dated: _____

_____ _____
* *

STATE OF WISCONSIN)
) SS.
COUNTY OF _____)

This document was acknowledged before me on _____, 20___ by
_____

_____
Notary Public, State of Wisconsin
My comission _____