



### CERTIFICATION OF FINANCIAL STATEMENT FORM FOR ADMINISTRATORS

\_\_\_\_\_, of this reporting entity, \_\_\_\_\_,  
(officer or other comparable responsible person) (name of administrator)

being duly sworn, deposes and says that \_\_\_\_\_ is the described \_\_\_\_\_  
(he/she) (officer or other comparable responsible person)

of the reporting entity, and that for the reporting period stated in the attached financial report ending as of the  
date of \_\_\_\_\_, all of the therein described assets were the absolute property of  
("as of " date of attached financial report)

the reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that the statement, together  
with related exhibits, schedules, notes, and explanations therein contained, annexed, or referred to, is a full and true statement  
of all the assets and liabilities and of its income and deductions there from, and the condition and affairs of the reporting entity  
as of the reporting period, and have been completed in accordance with generally accepted accounting principles.

\_\_\_\_\_  
Officer or other comparable responsible person

\_\_\_\_\_  
(Printed or typed name)

Date \_\_\_\_\_, 20\_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Before me, on this day personally appeared \_\_\_\_\_, known to me to  
be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the  
purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Printed or Stamped Name

My commission expires \_\_\_\_\_