

Certificate of Authority # 4

(General partnership)

Partnership Certification of Authority

I, _____, hereby certify that I am the 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the position indicated and that they have full authority to bind the partnership and the authority has not expired or been revoked. This authority **shall remain valid for thirty (30) days** from the date of this Corporate Resolution

DATED: _____

ATTEST: _____
(Name & Title)