

**CERTIFICATE OF EXISTENCE AND AUTHORITY
STATE OF COLORADO**

The undersigned, an Officer of _____
(name and full address of the entity)

("Entity"), being first duly sworn, deposes and says:

EXISTENCE OF ENTITY

The Entity is a (Please check one box):

- Formal Partnership – registered with SOS – partnership agreement
- General (informal) Partnership – registration with SOS is optional – MUST have an EIN
- Limited Partnership (LP)
- Limited Liability Partnership (LLP)
- Limited Liability Companies (LLC)
- Corporation
- Other: _____

The Entity was formed under the laws of:

State of _____ ;
Country of _____ ;
Other authority: _____ ;

The Entity was organized on the _____ day of _____ , _____

IDENTITY OF PARTY EXECUTING THIS CERTIFICATE

Name of officer executing this Certificate: _____
Title of officer executing this Certificate: _____
Officer's address: _____
City: _____ State: _____ Zip: _____

EXECUTING AUTHORITY

The board of directors, managers, members, general partners or other governing body of the entity opening the account(s), has duly taken all action legally required and in accordance with its governing document(s), as applicable, to open the account(s) in the name of the entity.

POWER OF PARTY EXECUTING THIS CERTIFICATE

Further, _____, _____ has
Name Title

All powers without limitation to establish a Paycheck Protection Program loan with Golden Belt Bank and conduct transactions on the bank account.

ADDITIONAL INFORMATION

Additional information, including, by way of example and without limitation, resolutions; certificate of good standing; trade name registration, taxpayer identification; entity agreements; or documents or parts thereof evidencing the existence or the authority of the person executing the certificate; an indemnification that is acceptable to the Bank; or any other equivalent document, requested by the Bank to establish a deposit or loan account(s) shall be freely and timely provided. (If the deposit or loan is to be opened on behalf of an institution of higher education, this statement shall be accompanied by a resolution certified by the secretary of the governing board.)

Signature

Printed Name

Title of Officer

State of _____

County of _____

This instrument was acknowledged before me on the _____ day of _____
20 _____, by _____.

Name of Agent

[Seal]

Signature of Notary

My appointment expires: _____