



Mountain Share Transfer, Inc.
www.mountainsharetransfer.com

SOLE PROPRIETORSHIP CERTIFICATION

The Undersigned, being the sole officer of _____,
a business that is neither a corporation nor a partnership, does hereby confirm to you
there are no other officers or managers for _____.

I further do indemnify and hold you harmless from any loss, liability or responsibility
that may arise from your acceptance of these facts with respect to acting on behalf of this
sole proprietorship.

I hereby do agree to advise you immediately if there are any change of the facts or in the
use of said business name by me in association with _____
and complete a new certification form if necessary.

Signature

Date

Address

City, Street, Zip

MEDALLION SIGNATURE GUARANTEE:

Postal Address: P.O. Box 191767 Atlanta Ga. 31119 Office (303)-460-1149 Fax (404)-816-8830

Overnight Delivery: 2389 Elmwood Circle S.E. Smyrna Ga. 30082