



4571.3

## APPENDIX 2

INCUMBENCY CERTIFICATE FORMAT

The undersigned, who is an officer, of the \_\_\_\_\_  
\_\_\_\_\_, hereby  
(Name of Sponsor or Owner Corporation, as appropriate)  
certifies that the following listing of Officers and Directors  
constitutes all duly qualified and sitting Officers and Directors  
of the \_\_\_\_\_  
(Name of Sponsor or Owner Corporation, as appropriate)  
as of \_\_\_\_\_.  
(Date)

Name/Title

Beginning

Length of

Date of TermTerm

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Use additional sheets if necessary)

---

(Signature and title of certifying official)

---