

**Certification**

Form SR-1, SR-2

---

We certify under penalty of perjury that the information furnished in this report, including continuation sheets, is true and correct to the best of our knowledge.

For the Independent Paid Fund Raiser or Fund-Raising Counsel:

---

Signature of President, C.E.O., C.F.O. or Authorized Officer	Print Name	Print Title	Date
--	------------	-------------	------

For the Charitable Organization:

---

Signature of President, C.E.O., C.F.O. or Authorized Officer	Print Name	Print Title	Date
--	------------	-------------	------

---