AUTHORITY TO FILE CLAIM

NOTE: The person listed on line #1 and the person listed on line #3 cannot be the same individual since SELF-CERTIFICATION IS NOT ACCEPTABLE. The person listed on line #1 signs this document. The person listed on line #3 does not sign this form, but must sign the Standard Form 95.

STATE OF _____

COUNTY OF _____

The undersigned is _____ of
1. (Position - i.e. President, Secretary,)

_____ and hereby
2. (Name and address of corporation)

certifies that _____ is
3. (Name of employee or agent signing Standard Form 95)

_____ and has the
4. (Position of employee or agent signing Standard Form 95)

power and authority to file, adjust and settle claims for and on behalf of the above named corporation

as it's duly authorized agent.

_____ _____
(Date) (Signature)

(Corporate Seal)

Affix Corporate Seal OR have your signature notarized.

Subscribed and sworn to before me by _____ this

_____ day of _____, 20____.

_____
Notary Public

_____
My Commission Expires: