

CERTIFICATE OF AUTHORIZATION FOR BUSINESS OPERATIONS

This is to certify that _____ is hereby authorized to conduct
business operations as _____ in accordance with the laws and
regulations set forth by the governing authority.

Business Name: _____

Business Address: _____

Type of Business: _____

Registration Number: _____

Date of Authorization: _____

Valid Until: _____

Issued by: _____

Authorized Officer's Signature

Date