APEX CLEARING CORPORATION
AND/OR BROKER DEALERS FOR WHICH IT CLEARS

Account No. _____

ASSOCIATION OR OTHER UN-INCORPORATED ORGANIZATION

I,_____, do hereby certify that at a meeting of_____, an unincorporated association under the laws of_____, duly held on the _____day of_____at which a quorum was present and acting throughout, the following resolution, upon motions made, seconded and carried, was duly adopted and is now in full force and effect:

RESOLVED,
That the President or Vice President, Treasurer, or_____or any one of such officers, be and they are each hereby fully authorized and empowered for and on behalf of this unincorporated association to establish one or more accounts in order to purchase, invest in, acquire, sell (including short sales), assign, transfer or otherwise dispose of any and all types and kinds of securities including, but not by way of limitation, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, options, warrants, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind of nature whatsoever; and to enter into agreements, contracts and arrangements with respect to such security transactions whether or with securities related individuals or agents; to execute, sign or endorse on behalf of and in the same agreements and to affix the association seal on same. Notwithstanding the foregoing, you are authorized in your discretion to require joint action by the officers with respect to any matter concerning the account, including but not limited to the giving or cancellation of orders and the withdrawal of money, securities, futures, or commodities.

I further certify that the authority thereby conferred is not inconsistent with the Charter or By-Laws of this unincorporated association, and the following is a true and correct list of officers of this unincorporated association as of the present date:

President:

Name:	ID #:	
Signature:	ID Type:	
SSN, Fed ID, Cedula, NIT#:	Issued By:	
Date of Birth:	Issue Date:	Expiration Date:
Address:		

Vice President:

Name:	ID #:	
Signature:	ID Type:	
SSN, Fed ID, Cedula, NIT#:	Issued By:	
Date of Birth:	Issue Date:	Expiration Date:
Address:		

Treasurer:

Name:	ID #:	
Signature:	ID Type:	
SSN, Fed ID, Cedula, NIT#:	Issued By:	
Date of Birth:	Issue Date:	Expiration Date:
Address:		

Secretary:

Name:	ID #:	
Signature:	ID Type:	
SSN, Fed ID, Cedula, NIT#:	Issued By:	
Date of Birth:	Issue Date:	Expiration Date:
Address:		

You may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until you receive due written notice of a change in or the recission of the authority so evidenced herein. In the event of any change in the officer of powers of persons hereby empowered, the Secretary shall certify such changes to you in writing, which notification, when received, shall be adequate both to terminate the powers of the persons therefore authorized, and to empower the person thereby substituted.

IN WITNESS WHEREOF, I have hereunto affixed my hand this_____day of_____, 20_____

SEAL

_____ _____

(If no seal, certify that there is no seal) Secretary (Or other officer authorized to act)