

CERTIFICATE OF INCUMBENCY

Dated: _____

Equipment and Payment Schedule No:

State: STATE OF LOUISIANA -

Agency Name:

I, the undersigned Secretary/Clerk identified below, do hereby certify that I am the duly elected or appointed and acting Secretary/Clerk of the above State (the State"), a political subdivision duly organized and existing under the laws of the State where State is located, that I have the title stated below, and that, as of the date hereof, the individuals named below are the duly elected or appointed officers of the State holding the offices set forth opposite their respective names.

[NOTE: Use same titles as Authorized Representatives stated in Resolutions.]

Name	Title	Signature
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Name	Title	Signature
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Name	Title	Signature
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IN WITNESS WHEREOF, I have duly executed this certificate and affixed the seal of such Lessee as of the date set forth below.

Signature of Secretary/Clerk of

Print Name: _____

Official Title: _____

Date: _____

NOTE: In case the Secretary/Clerk is also the authorized representative that executes a Financing Agreement / documents by the above incumbency, this certificate must also be signed by a second officer.

Print Name: _____ Signature: _____

Title: _____

Date: _____