Oregon Department of Consumer and Business Services Division of Financial Regulation 350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405 503-378-4140 • Fax: 503-947-7862 http://dfr.oregon.gov



CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable State and Federal regulations, Bulletins, filing requirements and product standards set forth on the Division of Financial Regulation web site. I further certify the filing is not false or misleading in any material respect and that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the applicable State and Federal regulations, Bulletins, filing requirements, and product standards set forth on the Division of Financial Regulation web site and that the filing is not false or misleading in any material respect.

I understand that the Division of Financial Regulation will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Division of Financial Regulation against the Company.

Name of Company	Company's form filing number or the primary form number for the filing
Signature of authorized filer	Date
Print name of authorized filer	Address of Company or authorized filer
Title	City State ZIP
Direct telephone number of authorized filer	Email address of authorized filer
Toll free or collect phone number	Fax number of authorized filer
Signature of authorized officer	Officer Title
Print name of authorized officer	Date