



## EQUAL BUSINESS OPPORTUNITY (EBO) SMALL BUSINESS OPPORTUNITY (SBO) CERTIFICATION APPLICATION

### Limited Partnership

Greetings prospective City of Atlanta certified Minority/ Female/ Small Business Enterprise applicant:

The first step in having your business certified with the City of Atlanta is to obtain a City of Atlanta vendor number (Supplier ID). The procedure to obtain a Supplier ID number is a free, automated process that can be accomplished on-line. To register with the City of Atlanta and receive a Supplier ID number, please do the following:

- 1) Go to the City's website: [www.atlantaga.gov](http://www.atlantaga.gov)
- 2) Click on the link "Doing Business" drop down to Suppliers
- 3) Click on the link "Registration"
- 4) IRS Form W-9 is required for processing the Supplier ID Registration application

For information regarding the **Supplier ID Registration phase only**, please contact Seana Nash in the Department of Procurement at [snash@atlantaga.gov](mailto:snash@atlantaga.gov) or 404-330-6203.

ALL questions on the certification application must be answered completely and ALL requested documentation must accompany the application. Submit the completed application and documentation to the Office of Contract Compliance. Failure to complete portions of the application and provide the required documentation will delay the certification process or result in denial of certification.

The information on the application must be true and accurate to the best of the applicant's knowledge. The application must be signed and notarized. The information requested is for use by the Office of Contract Compliance only and will be kept confidential to the extent allowable by law.

Your business must be located within one of the following twenty county areas to be considered for certification in the City of Atlanta Equal Business Opportunity Program. The twenty county areas includes: Barrow, Bartow, Carroll, Cherokee, Clayton, Coweta, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton counties.

If your company is denied certification, you have the right to appeal the decision in accordance with the City of Atlanta Code of Ordinances §2-1456 and §2-1367.

If you have any questions regarding the certification phase, please contact Certification in the Office of Contract Compliance at (404) 330-6010.

Very sincerely,

Larry Scott, Director  
The Office of Contract Compliance

## DOCUMENTATION TO SUBMIT WITH APPLICATION

### LIMITED PARTNERSHIP – Must submit copy of the following:

- \_\_\_\_ 1. Vendor Number (Supplier ID)\*
- \_\_\_\_ 2. Email Address\*
- \_\_\_\_ 3. Tax ID Number\*
- \_\_\_\_ 4. Bank Signature Card
- \_\_\_\_ 5. Proof of U. S. Citizenship/ Race/ Gender (a. birth certificate) **and** (b. Government Issued Photo ID or U. S. Passport)
- \_\_\_\_ 6. Copy of current Business License which shows that company is located in one of the following 20 counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton
- \_\_\_\_ 7. Current résumé of all principals of company showing Education, Training, Employment and Experience with dates
- \_\_\_\_ 8. Provide copy of the lease, rental, or management agreement for business premises, including local business telephone number
- \_\_\_\_ 9. Organizational Chart
- \_\_\_\_ 10. All applicants must choose between one (1) and four (4) NAICS codes
- \_\_\_\_ 11. Company Capability Statement
- \_\_\_\_ 12. URL (web) Address
- \_\_\_\_ 13. Previous three years Federal Partnership Tax returns, Form 1065, including all schedules
- \_\_\_\_ 14. Partnership Agreement and Amendments which reflect change in ownership or profit Sharing
- \_\_\_\_ 15. Buy-out rights agreement (if separate)
- \_\_\_\_ 16. Profit Sharing agreement (if separate)
- \_\_\_\_ 17. Proof of capital invested (canceled checks, front and back)
- \_\_\_\_ 18. Certificate of Limited Partnership
- \_\_\_\_ 19. If Limited Partnership was organized outside the State of Georgia, provide certificate of authority to do business in Georgia

**\*Applications will not be processed without this information**

**The Certification Affidavit and all supporting documents must be submitted together.** All supporting documents relevant to your legal form of business enterprise (corporation, general partnership, limited partnership, sole proprietor or limited liability company) must also be submitted with the Certification Affidavit. Failure to submit all the required documentation will result in a delay in the processing or denial of certification of your business.

Completed applications may be mailed or presented to the office; **NO** faxed copies will be accepted.

**Submit all completed documents with tabs to:**

**City of Atlanta  
Office of Contract Compliance  
68 Mitchell Street SW, Suite 5100  
Atlanta, Georgia 30303**

Dear Prospective Minority, Female, Small Business Enterprise Applicant:

This page is to help you properly identify NAICS Codes for your industry for Certification.

Our list of NAICS Codes is located on the City of Atlanta website at [www.atlantaga.gov/contractcompliance](http://www.atlantaga.gov/contractcompliance). Next, scroll down to **NAICS Search Tool** and click the link, taking you to the NAICS search tab. Enter the keyword or description for your industry in the search field and click "**Submit.**" Scroll down the page to view the results.

If you have any questions, please contact the Office of Contract Compliance at (404) 330-6010.

Please list up to four (4) NAICS Codes and corresponding business descriptions below:

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**CITY OF ATLANTA  
EQUAL BUSINESS OPPORTUNITY/SMALL BUSINESS OPPORTUNITY  
CERTIFICATION AFFIDAVIT  
FOR**

\_\_\_\_\_  
**Name of Enterprise**

\_\_\_\_\_  
**Supplier ID#**

\_\_\_\_\_  
**Tax ID#**

\_\_\_\_\_  
**Email Address**

**City of Atlanta Project Pending?**

[  ] Yes      [  ] No

**Bid Due Date:** \_\_\_\_\_

**FC#** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

The information supplied herein by an authorized individual shall clearly identify and evidence the extent of minority and/or female ownership and control of this business enterprise.

All required supporting documents must be included, along with the signature of the authorized persons affixed where ever requested. This Certification Affidavit must be signed and notarized prior to evaluation by the Office of Contract Compliance.

\*Note: All items on this Certification Affidavit must be completed and submitted to the Office of Contract Compliance at the same time.

Definitions:

City of Atlanta Ordinance Section 2-1443 and Section 2-1357 set out the definitions for "African American Business Enterprise" (AABE), "Asian Pacific American Business Enterprise" (APABE), "Bid", "Bidder", "Commercially Useful Function", "Controlled", "Eligible Project", "Female Business Enterprise", (FBE), "Hispanic American Business Enterprise" (HABE), "Joint Venture", "Minority Business Enterprise", (MBE) and "Small Business Enterprise (SBE).

**"Minority Business Enterprise (MBE)":** a business which is an independent and continuing operation for profit, performing a commercially useful function and which is owned and controlled by one or more minority group members, as defined in Section 2-1356, which group has been determined to have suffered discrimination requiring amelioration as defined in Section 2-1445(23), (24) and is certified as such by the city.

**"Owned":** the minority or female owner, shall possess an ownership interest of at least 51 percent of the business; such ownership shall be real and continuing and shall go beyond the mere indicia of ownership of the business reflected in the ownership documents; and the minority or female owner shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance, rather than the form of ownership arrangements.

**"Controlled":** the minority or female shall possess and exercise the legal authority and power to manage business assets, good will and daily operations of the business; and actively and continuously exercise such managerial authority and power in determining the policies an directing the operations of the business.

**APPLICANT IS APPLYING FOR CERTIFICATION AS:**

_____ African American Business Enterprise (AABE)	_____ Corporation
_____ Female Business Enterprise (FBE)	_____ Partnership
_____ Hispanic American Business Enterprise (HABE)	_____ Sole Proprietor
_____ Asian (Pacific Islander) American Business Enterprise (APABE)	_____ Limited Partnership
_____ Small Business Enterprise (SBE)	_____ Limited Liability Co.

In an effort to become certified for participation in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY PROGRAM and/or SMALL BUSINESS OPPORTUNITY PROGRAM, affiant/applicant offers the following information as evidence of its qualifications:

**1.**

The name of the principal, owner, partner, or corporate officer is:

\_\_\_\_\_ Title: \_\_\_\_\_

The mailing address is: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Pager: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**2.**

- A. Is the principal/owner a citizen of the United States?     [ ] yes     [ ] no
  
- B. If NO, is the principal/owner a lawful permanent resident of the United States?     [ ] yes     [ ] no
  
- C. Current certification as an DBE or ACDBE issued by GDOT or MARTA?     [ ] yes     [ ] no
  
- D. Previous certification as an M/FBE or SBE with the City of Atlanta?     [ ] yes     [ ] no
  
- E. Previous certification as an M/FBE or SBE with any other governmental agency?     [ ] yes     [ ] no
  
- F. If you answered YES to any of the above questions, please provide a copy of the respective certifications, approval letters or certificates and attach them to this CERTIFICATION AFFIDAVIT.

G. Denial of certification as an M/FBE or SBE by any governmental agency? [ ] yes [ ] no

H. If YES, submit copy of denial document.

I. Has there been participation and involvement by any of the principals in another firm wherein there has been a challenge, appeal or suspension of M/FBE or SBE certification by the City of Atlanta or any other governmental entity? [ ] yes [ ] no

J. If YES describe the following: (a) the name of the enterprise, (b) the name of the principal, (c) whether the action was a suspension, (d) whether the enterprise filed a formal appeal, (e) the Name of the governmental agency (including phone number) and (f) the current status of the challenge, appeal and/or suspension is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.**

Are there any licenses or accreditations required to engage in the business of your enterprise? [ ] yes [ ] no

Type	Issued to	Issued by	Date Issued
_____	_____	_____	_____
_____	_____	_____	_____

**4.**

The business was started, formed and/or acquired by its present owners on \_\_\_\_\_ 20\_\_\_\_ in the following manner:

\_\_\_\_\_ Bought as existing business                      \_\_\_\_\_ Started as new business  
 \_\_\_\_\_ Secured Franchise                                      \_\_\_\_\_ Merger or consolidation

Other Manner; explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.**

If the business previously operated under another name, please provide the previous name and address of the enterprise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6.**

Are the owners, partners or principals of the enterprise affiliated with any other firm(s) as employees, shareholders, directors, members, or owners?      [ ] yes   [ ] no

If YES, they are:

Name of Person Affiliated with Another firm	Person's title at affiliated firm	Name of affiliated firm	Affiliated firm's telephone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**7.**

The total amount of monies and all items of any value owed to the enterprise by any and all firm principals and/or spouse(s) or family members of principals:

Title/Name	Reason for Debt	Amount of Debt	Date Issued/Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**8.**

The total amount of monies and all items of any value which the enterprise owes to any shareholder, partner, principal, officer or member of the applicant enterprise or any spouse or sibling of the applicant enterprise:

Title/Name	Reason for Debt	Date Issued/Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9.**

The assets of the applicant/business, including real estate holdings, trade equipment, office furnishings and office equipment include:

Description of Asset	Real Dollar Value	Type of Lien/Encumbrance upon the Property
_____	_____	_____
_____	_____	_____
_____	_____	_____



10.

\_\_\_\_\_ is a **LIMITED PARTNERSHIP**

(Name of Business Enterprise)

whose "Certificate of Limited Partnership" was issued by the Georgia Secretary of State on \_\_\_\_\_ and any amendment(s) thereto have been filed with the Clerk of the Superior Court of \_\_\_\_\_ County, Georgia. The most recent Annual Registration and appropriate fee for the same has been appropriately submitted.

11.

The pro rata interest of the member(s) who have/has management rights is/are divided among the following members:

Member	Ethnic Group/Sex	Home Address	# of Shares % of Whole	Amount Paid	Date of Purchase
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12.

The name, title, sex and ethnic groups of the individuals of the business enterprise most responsible for:

a. Determining what jobs the enterprise will undertake

Name	Title	Ethnic Group	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Project Supervision

Name	Title	Ethnic Group	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Major Expenditures

Name	Title	Ethnic Group	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Hiring/Firing Personnel  
Name

Title

Ethnic Group

Gender

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e. Preparing Job Estimates  
Name

Title

Ethnic Group

Gender

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f. Submitting Quotations  
Name

Title

Ethnic Group

Gender

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g. Reviewing Plans and/or Specifications  
Name

Title

Ethnic Group

Gender

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h. Field Supervision  
Name

Title

Ethnic Group

Gender

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i. Project Coordination  
Name

Title

Ethnic Group

Gender

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j. Equipment Rental  
Name

Title

Ethnic Group

Gender

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k. Purchasing of Equipment and Supplies  
Name

Title

Ethnic Group

Gender

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l. Marketing and Sales  
Name

Title

Ethnic Group

Gender

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m. Securing Insurance  
Name

Title

Ethnic Group

Gender

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n. Securing Bonding  
Name

Title

Ethnic Group

Gender

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o. Securing Employee Benefits  
Name

Title

Ethnic Group

Gender

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p. Signing Surety Bonds

Name	Title	Ethnic Group	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

q. Signing Payroll Checks

Name	Title	Ethnic Group	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**16.**

**A.** Have there been any amendments to the Partnership Agreement?  yes  no

If YES, explain in detail and provide copy \_\_\_\_\_

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**B.** Are there any Conversion Rights contained in the Operating Agreement or any amendments thereto?  
 yes  no

If YES, explain: \_\_\_\_\_

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**C.** What are the members voting interests involving all matters affecting the operation of the Limited Liability Partnership? \_\_\_\_\_

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**17.**

Do the owners/members report the funds from the LLP as income for State and Federal Income tax purposes?  yes  no

**18.**

What persons, firms, or entities with have currently loaned money to the partnership?

Person/Firms/ Source	Amount	Reason for the Loan	Conditions/Terms
_____	_____	_____	_____
_____	_____	_____	_____

**19.**

Is the partnership bonded?     yes    no

If YES, list the current bonding company, bonding limits, amount of any Letter of Credit, the issuing banking institution, and attach copy of bond letter

Bonding Co./ Address	Bond Limit	Issuing Bank	Dollar Value of Letters of Credit
_____	_____	_____	_____
_____	_____	_____	_____

**21.**

The partnership's primary banking institution is:

Name of Bank	Address/City	Contact Person	Checking Acct. Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Name and Title of the person(s) whose signature is required to issue any checks for the payment of any and all expenses of the LLP including payroll and operational expenses are:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

**22.**

A list the annual salaries, bonuses and commissions of all partnership staff/personnel including principals during the past 12 months (rounded to the thousands) is as follows:

Name	Title	Salary	Bonus	Comm.	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If no salaries, bonuses, and commissions have been paid during the last 12 months, please provide a brief explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**23.**

Major equipment rented, leased or owned by the partnership for business purposes is as follows:

Equipment Type	Rented/Leased or owned	Name of Lessor	Lessor's Phone Number	Initial and End Date of Contract
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**24.**

Does the partnership share space with another enterprise? [ ] yes [ ] no

If Yes:

Name of other firm	Address	Type of Space	Relationship to Applicant/Principal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25.

The following persons, firms, or entities contributed equipment, finances, or personnel to the partnership:

Person/Firm	Address/City	Telephone #	Amount and type of Support Supplied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26.

Two (2) current customers of the partnership are:

A. Customer	Address/City	Telephone #
_____	_____	_____

Description of Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Customer	Address/City	Telephone #
_____	_____	_____

Description of Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27.

A. The Applicant Enterprise, \_\_\_\_\_ has  
 (Name of Enterprise)

performed as a PRIME CONTRACTOR and has had the occasion to SUBCONTRACT work to the following firms within the past twelve months.

Subcontractor Firm	Address/City	Telephone #	Date of	Contract
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. The Applicant Enterprise, \_\_\_\_\_ has  
(Name of Enterprise)

performed as a SUBCONTRACTOR wherein the applicant's work was performed for the following PRIME CONTRACTORS:

Prime Contractor	Address/City	Telephone #	Date of	Contract

The undersigned does hereby swear or affirm that the statements contained in THIS EQUAL BUSINESS OPPORTUNITY/SMALL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments which have been provided in support of the foregoing application for certification are true, accurate, complete and include all information necessary to identify and explain the ownership and operation of:

\_\_\_\_\_  
(Name of Business Enterprise)

Further, the undersigned does covenant and agree to provide the City of Atlanta's Office of Contract Compliance with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the City of Atlanta. The undersigned further agrees that as part of this certification procedure, OCC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to, or withhold from the applicant enterprise certification as a Minority-owned Business Enterprise, Female Business Enterprise or a Small Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification. It is recognized and acknowledged that the statements contained in this application are being under oath and that any material misrepresentation shall be construed and deemed to be subject to Section 106-90 of the City of Atlanta's Criminal Code of Ordinances in addition to being grounds for denial of certification or for de-certification and may result in the denial of an award or the termination of contracts which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the OCC investigation. It is further understood that certification will be revoked if after proper investigation by OCC, the applicant is determined to be engaging in activities which circumvent the intent of the EBO Program.

**PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE CITY**

Pursuant to Atlanta City Code Section 106-90, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of City government. The City will impose applicable penalties and sanctions against any person making such false representation in connection with the City's Equal Business Opportunity and Small Business Opportunity Programs. In addition, the City will seek all available remedies under Georgia and Federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a minority or female business enterprise.



**ATTESTATION:** I CERTIFY THAT ALL REPRESENTATIONS IN THIS CERTIFICATION AFFIDAVIT ARE CORRECT AS OF THE DATE STATED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY TWO YEARS, HOWEVER, THE OFFICE OF CONTRACT COMPLIANCE RETAINS THE RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE TRUE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE UNDERSIGNED ON BEHALF OF

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(Name of Enterprise)

**Name of Person Signing: (Print)**\_\_\_\_\_

**Title of Person Signing: (Print)**\_\_\_\_\_

**Signature:**\_\_\_\_\_  
(Must match name of person signing)

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**Notary Public (Must exhibit seal or stamp to be acceptable)**

**CITY OF ATLANTA  
Contract Employment Report**

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITEM ON THIS FORM MUST BE COMPLETED.  
**INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**NAME OF FIRM:** \_\_\_\_\_ **TELEPHONE NO.:** \_\_\_\_\_

**NAME OF OWNER:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

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IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY?

\_\_\_\_\_

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

**PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY**

	Management/ Officials		Professionals Arch, Engineers, etc		Supervisors		Office/Clerical/Sales		Craftsmen/ Laborers	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Native American										
Hispanic American										
Other										
<b>TOTAL</b>										

**I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT PREPARER'S NAME**

\_\_\_\_\_  
**PREPARER'S SIGNATURE**

\_\_\_\_\_  
**TITLE**