

DATE _____

~~COUNTY~~ Registrar

~~CLERK OF DISTRICT COURT~~

Registrar, Office of Registrar,

I hereby certify that I am the ~~Clerk of District Court for~~
University of Minn., State of Minnesota
~~County and that the following person(s)~~

~~have been authorized to sign official court documents on~~
~~my behalf.~~

Samuel R. Lewis
SIGNATURE

~~DEPUTY CLERK OF COURT~~
Registrar

signature

DEPUTY CLERK OF COURT

signature

DEPUTY CLERK OF COURT

signature

DEPUTY CLERK OF COURT

signature

DEPUTY CLERK OF COURT

signature

DEPUTY CLERK OF COURT

signature

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

JAN 9 1989

John Ambrose Lewis
Secretary of State

38759