CERTIFICATE OF AUTHORITY (required in all Commercial Claim and Consumer Transaction cases)

| I, | , am an |
|--|--|
| (Your name) | , am an(officer, director, or employee) |
| of | |
| of (name of corporation, partnership or associ | iation) |
| and have been authorized to represent | the aforesaid corporation, partnership or |
| of association in a Commercial Claim/ | Consumer Transaction against |
| (name of defendant) | , |
| I certify that I have the requisite aut | hority to bind the corporation, partnership or |
| association in a settlement or trial of ar | ny claim or counterclaim. |
| | |
| | |
| Date | Signature |
| Sworn to before me this | |
| day of | |
| Notary or Clerk of the Court | |