

Certificate of Incumbency and Authority

Company: City of Aurora, IL
Company's full legal name as specified in its organizational documents.

Company Form: Municipal Corporation
Form of Company's organization.

Company Jurisdiction: Illinois
State or other jurisdiction of Company's organization.

Authorized Signers:

<i>Name</i>	<i>Title</i>	<i>Signature</i>	<i>Email</i>
<i>The maker of this certificate must not be one of these authorized signers.</i>		<i>all addresses must be specified below and a separate electronic signatures agreement must be executed if electronic signatures are to be permitted.</i>	
_____	_____	_____	_____@_____
_____	_____	_____	_____@_____
_____	_____	_____	_____@_____

I certify:

- I hold the position of authority with the Company indicated by my signature below. I am authorized to communicate and act for the Company, including through the email addresses specified below by my name or through which I make or communicate this certificate. I have access to the Company's books and records. I am authorized to make this certificate. The Company is organized in the form and under the laws of the jurisdiction indicated above.
- Each Authorized Signer holds the office or other position of authority or representative capacity with the Company indicated above. Each Authorized Signer's exemplar signature is genuine. Each Authorized Signer's email address is an email address through which the Authorized Signer may communicate and act for the Company.
- Each Authorized Signer is authorized to act from time to time for the Company in making, communicating, and performing agreements, master agreements, documents, and instruments ("**Documents**") relating to the purchase, sale, assignment, lease, financing, pledge, provision, or procurement of or otherwise dealing with goods, services, property, rights, and interests (including agreements, documents, and instruments dealing with other agreements, documents, and instruments).
- This certificate is made for persons to whom this certificate or any Documents are made or communicated with or without notice to the Company, including any account holders through whose DocuSign or other e-signature accounts this certificate or any Documents are made or communicated, and including any other persons who are parties to or otherwise to benefit from Company's making, communicating, or performing any Documents, and all such persons' successors, assigns, affiliates, principals, agents, predecessors-in-interest, and all other persons related to or authorized by any such persons, parties, or beneficiaries. Any act previously or hereinafter taken by an Authorized Signer for the Company is the act of the Company and not restricted by the Company's organizational documents or internal regulations.
- Each authorization described in this certificate may only be modified or discontinued by written notice to the persons to whom this certificate is delivered, at their main offices, but no such notice, modification, or discontinuance will affect any existing agreements, documents, instruments, instructions, notices, or any previously taken or undertaken performance, obligations, liabilities, or undertakings.

This certificate is dated and made on _____.

Certifier's Signature: _____

Certifier's Name: _____

Certifier's Title with the Company: _____