**Limited Partnership or LLC Certificate of Authority**

**I,** , **hereby certify** that I am a Partner, Member or Manager

*(Name)*

of a limited liability partnership under RSA 304-B, a limited   
*(Name of Partnership or LLC)*

liability professional partnership under RSA 304-D, or a limited liability company under RSA 304-C.

I certify that is authorized to bind the partnership or LLC. I

*(P-37 Signatory)\**

further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the partnership or LLC and that this authorization **shall remain valid for thirty (30)** days from the date of this Corporate Resolution

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTEST**:

*(Name)*

*(Title)*

**\* Note:** The signatory to this Certificate of Authority and the signatory to the P-37 may not be the same individual.