**Limited Partnership or LLC Certificate of Authority**(Sole partner, member, or manager)

**I,** , **hereby certify** that I am the sole Partner, Member or *(Name)*

manager 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 I am authorized to bind the partnership or LLC. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that I currently occupy the position indicated and that I have full authority to bind the partnership or LLC and that this authorization **shall remain valid for thirty (30)** days from the date of the signature below.

**DATE: ATTEST**:

*(Name)*

*(Title)*