

970 Artesia Blvd. • Hermosa Beach, CA 90254 (310) 545-8484 • Fax: (310) 374-9865

| RE: | RE: TRUST AGREEMENT DATED UNDER THE LAWS OF THE STATE OF CALIFORNIA, | |
|-----|--|--|
| BY_ | | |
| | Name(s) of person(s) who created the Trust | |
| The | undersigned Trustor(s) certifies to you that as of the date hereof: | |
| 1. | The above Trust Agreement has not been revoked and is in full force and effect. | |
| 2. | The following are now acting as Trustees under said Trust Agreement and are the only Trustees qualified to act: | |
| 3. | The successor Trustee(s) under said Trust Agreement are as follows: | |
| 4. | The Trust Agreement has not been amended except as follows: | |
| 5. | The power of the trustee(s) includes: (a) The powers to sell, convey and exchange [] Yes [] No. (check one) (b) The power to borrow money and encumber the trust property with a deed of trust or mortgage [] Yes [] No (check one) | |
| 6. | The trust is [] revocable: [] irrevocable (check one) and the following party(ies) if any is (are) identified as having the power of to revoke the trust; | |
| 7. | The trust [] does: [] does not have multiple trustees (check one). If the trust has multiple trustees, the signatures of all the trustees or of any | |
| 8. | The trust identification number is as follows: | |
| 9. | (Social Security number/Employee Identification number) Title to trust assets shall be taken in the following fashion: | |
| | | |

The undersigned trustee(s) hereby declare(s) that the trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect. This certification is being signed by all of the currently acting trustees and is being executed in conformity with the provisions of California Probate Code Section 18100.5, Chapter 530, Statutes of 1993.

| Dated: | |
|---|---|
| TRUSTEE | TRUSTEE |
| TRUSTEE | TRUSTEE |
| State of California County of | |
| On | |
| | ally appeared |
| instrument and acknowledged to me that he | ry evidence to be the person(s) whose name(s) is/are subscribed to the within she/they executed the same in his/her/their authorized capacity(ies), and that ent the person(s), or the entity upon behalf of which the person(s) acted, |
| I certify under PENALTY OF PERJURY und correct. | ler the laws of the State of California that the foregoing paragraph is true and |
| WITNESS my hand and official seal | |
| | |