

SIGNATURE VERIFICATION AND AUTHORIZATION FORM

The Undersigned signatory (“Signatory”), hereby represents, warrants, and certifies to , together with the broker-dealer with which it is affiliated and each of their respective

agents, employees, representatives, attorneys, successors, and assigns (collectively, “CTT”), that Signatory’s signature set forth below is a genuine, true, and correct specimen of the actual signature of Signatory, and authorizes CTT to rely upon the same in approving documents submitted in connection with the sale, acquisition, or transfer of securities through CTT. Signatory acknowledges and agrees that the authorization provided hereunder is intended to apply whether Signatory is acting personally or in a representative capacity, and shall be valid until such time as Signatory provides written notice to CTT terminating such authorization.

Signatory:

Name (Please Print)

Signature

STATE OF: _____)

:s.

COUNTY OF: _____)

On this ___ day of _____, 20___, before me personally appeared _____, acting either in a personal or representative capacity, known to me to be the person who executed the foregoing Signature Verification and Authorization Form.

Notary Public

Residing At

My Commission Expires