

NAME OF OWNERSHIP ENTITY
(A MISSOURI TYPE OF ENTITY)

MANAGING AGENT CERTIFICATION

FOR YEAR ENDED DECEMBER 31, 20xx

I hereby certify that I have examined the accompanying financial statements and supplemental data of (OWNERSHIP ENTITY NAME) and, to the best of my knowledge and belief, the same is complete and accurate.

NAME OF MANAGEMENT ENTITY
(A STATE TYPE OF ENTITY)

By: _____
Name and Title

Employer Identification Number

Individual Responsible for Management
of Property

Date