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