

Logo de la Compañía

Nombre de la compañía.

ASSISTANT SECRETARY’S CERTIFICATE

I, -----, a duly elected and qualified Assistant Secretary of -----
-----, (the “Company”), do hereby certify that:

1. -----Ops is authorized, pursuant to a Schedule of Authorizations duly adopted by the Board of Directors of the Company, to make, enter into, execute and deliver the requests related with ITFS, UIFN, HCD, DIDs, services, specifically: new service ordering, service decommission, service portability, on behalf of the Company
2. The foregoing Schedule of Authorizations has not been revoked, annulled, or amended in any manner whatsoever and remain in full force and effect as of the date hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and this ___ day of August 2018.

(SEAL)

Assistant Secretary

County of Loudoun }
Commonwealth of Virginia }

Subscribed and sworn to before me, in my presence, this _____ day of August, 2018 by

_____ Notary Public

My commission expires: