

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION

CERTIFICATION OF OFFICERS AND SEAL IDENTIFICATION

STATE OF INDIANA :
: SS
COUNTY OF DECATUR :

I, Virginia Allen, Clerk-Treasurer
(Clerk, Clerk-Treasurer or Secretary)
of the Town of Westport, Indiana, (hereinafter called
"Applicant") do certify that the said Applicant is organized and operating
under the applicable provisions of Burns Indiana Statutes, and that there is
not pending or threatened any question or litigation whatsoever touching the
incorporation or said Applicant or the incumbency in office of any of the
officials hereinafter named.

I do further certify that the following named persons constitute the govern-
ing board of said Applicant:

| <u>NAME</u> | <u>TERM OF OFFICE AS BOARD MEMBER</u> | <u>DATE TERM ON BOARD EXPIRES</u> |
|---------------------|---|---------------------------------------|
| <u>Paul Johnson</u> | <u>4</u> years | <u>12/31</u> , 19 <u>87</u> |
| <u>Mike Cooper</u> | <u>4</u> years | <u>12/31</u> , 19 <u>87</u> |
| <u>Jim Parish</u> | <u>4</u> years | <u>12/31</u> , 19 <u>87</u> |
| _____ | _____ years | _____, 19 ____ |
| _____ | _____ years | _____, 19 ____ |
| _____ | _____ years | _____, 19 ____ |
| _____ | _____ years | _____, 19 ____ |
| _____ | _____ years | _____, 19 ____ |
| _____ | _____ years | _____, 19 ____ |

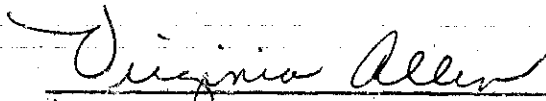
I do further certify that the following persons are the duly elected officers
of said Applicant:

| | <u>OFFICE HELD</u> | <u>TERM OF OFFICE EXPIRES</u> |
|-----------------------|------------------------|-----------------------------------|
| <u>Paul Johnson</u> | <u>President</u> | <u>12/31</u> , 19 <u>87</u> |
| <u>Virginia Allen</u> | <u>Clerk-Treasurer</u> | <u>12/31</u> , 19 <u>87</u> |
| _____ | _____ | _____, 19 ____ |
| _____ | _____ | _____, 19 ____ |

I certify that said Applicant was incorporated in the year _____ and has levied and collected taxes in each of the succeeding years (if a municipality), or is in good standing (if other than a municipality).

I further certify that I am the keeper of the seal of the Applicant, and that the imprint adjacent to my signature hereunder is a true impression of said official seal.

WITNESS my hand and the seal of said Applicant, Decatur County, Indiana, this 10th day of March, 1986.



* Virginia Allen
(~~Clerk~~, Clerk-Treasurer ~~or Secretary~~)

(SEAL)

SPECIMEN SIGNATURES OF APPLICANT'S OFFICERS:



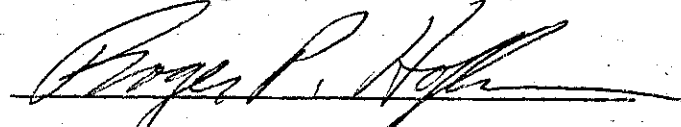
* Paul Johnson
(~~Mayor~~, President ~~or Chairman~~)



* Virginia Allen
(~~Clerk~~, Clerk-Treasurer ~~or Secretary~~)

I certify that Paul Johnson and Virginia Allen of the Town of Westport, Indiana are personally known to me and I certify the signatures shown hereinabove to be their actual manual signatures and that said signatories are known to me to be the officers of the applicant.

Date March 10, 1986



Attorney for Town of Westport,
Indiana

* Type name beneath signature, and strike inappropriate reference as to title.