## CERTIFICATE OF SECRETARY AS TO RESOLUTIONS AND ORGANIZATIONAL DOCUMENTS

## CERTIFICATE OF INCUMBENCY

| I,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | do he                                                                                                                                                                                                                          | reby certify to Mar                                                                                                                    | yland Military Department ("MMD")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Company on om MMD to the e not been amen cate in the form of the company o | , 20<br>Company through the<br>ded, rescinded, or mo                                                                                                                                                                           | regarding the percentage Volunteer Compared ified; (b) are in fu                                                                       | proposed \$«Amount_of_Loan» equipm<br>ny Assistance Fund. These Resolution<br>Il force and effect on the date of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ien<br>s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| y indicated belo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ıin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <u>Title</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                                                                                                                                                           |                                                                                                                                        | <u>Signature</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                | fixed my hand and                                                                                                                      | the seal of the Company as of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                | Secretary                                                                                                                              | (SEAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I am the duly eg in good standing.  Attached as Excompany on om MMD to the enot been amendate in the form only.  Attached as Exchave not been and the following grandicated belowers:  Title  President  Secretary  IN WITNESS | I am the duly elected and acting Secretary  I am the duly elected and acting Secretary  Attached as Exhibit A is a true and company on | I am the duly elected and acting Secretary of «Fire_Cong in good standing under the laws of the State of Maryland Attached as Exhibit A is a true and correct copy of the Ecompany on, 20 regarding the point MMD to the Company through the Volunteer Companie not been amended, rescinded, or modified; (b) are in further attein the form originally adopted; and (c) are in conforming.  Attached as Exhibit B is a true and correct copy of the Anave not been amended, rescinded, or modified in any way. Attached as Exhibit C is a true and correct copy of the Emended, rescinded, or modified in any way as of the date. The following persons are duly elected, qualified and acty indicated below, and the signatures set forth after their res:  Title Name  President  Secretary  IN WITNESS WHEREOF, I have affixed my hand and | Attached as Exhibit B is a true and correct copy of the Articles of Incorporation of the Companave not been amended, rescinded, or modified in any way as of the date of this Certificate.  Attached as Exhibit C is a true and correct copy of the By-Laws of the Company, which have mended, rescinded, or modified in any way as of the date of this Certificate.  The following persons are duly elected, qualified and acting officers of the Company in the yindicated below, and the signatures set forth after their names and titles are their true and gent res:  Title Name Signature  President  Secretary  IN WITNESS WHEREOF, I have affixed my hand and the seal of the Company as of this, 20  (SEAL) |

## **INCUMBENCY CERTIFICATE**

|         | I,             | , hereby certify to Maryland Military Department that:                            |
|---------|----------------|-----------------------------------------------------------------------------------|
| "Corpor | A.<br>ation"); | I am the duly elected, qualified, and acting President of «Fire_Company». (the    |
| Corpora | B.<br>tion; an | is the duly elected, qualified, and acting Secretary of the                       |
|         | C.             | The signature of the Secretary set forth above is his true and genuine signature. |
|         | WITNE          | ESS my signature this day of, 20                                                  |
|         |                |                                                                                   |
|         |                | President                                                                         |