



LLC RESOLUTION AND CERTIFICATE

Account Information

Official Full Name of Limited Liability Company

Line of Business

Taxpayer ID Number

Account Legal Address

(Required Information - NO P.O. Boxes)

Account information will be mailed to the legal address (or mailing address if different) listed below.

Address

City, State, Zip

Province (if applicable)

Country

Account Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

HR Trader Account Number: _____ - ____



I hereby certify that I am the Manager (or Managing Member) of _____,
 a limited liability company duly organized and existing under the laws of the State of _____ (the "Company"),
 and that the following is a true copy of a resolution duly adopted in accordance with the procedures set forth in the limited liability
 company agreement of the Company ("LLC Agreement") at a meeting held on the _____ day of _____,
 20_____, and that such resolution has not been amended, rescinded or revoked and is in full force and effect:

RESOLVED, that (Name and Title)_____ and (Name and Title)_____,
 or either one of them acting individually, or such other persons as the Company may designate from time to time in writing, are
 hereby fully authorized and empowered to **a)** open a brokerage account with HR Trader, **b)** transfer, endorse, sell, assign, set over
 and deliver any and all shares of stocks, bonds, debentures, notes, evidence of indebtedness or other securities (including short
 sales) now or hereafter standing in the name of or owned by the Company, **c)** purchase stocks, bonds, debentures, notes, evidenc-
 es of indebtedness and other securities (on margin or otherwise), **d)** borrow money and draw upon credit lines of the Company
 to secure and margin trades, **e)** receive requests and demands for additional margin, notices of intention to sell or purchase, and
 other notices and demands of whatever character, **f)** receive, affirm and acquiesce in the correctness of notices, confirmations,
 statements of account and other records and documents, **g)** settle, compromise, adjust or release any and all claims, demands,
 disputes or controversies with HR Trader or any of its correspondent broker/dealers, and **h)** make, execute and deliver any and all
 written instruments necessary or proper to effectuate the authority hereby conferred.

Investments Permitted

The undersigned agrees to the entering of purchases and sales of securities as well as all other transactions in the following
 type(s) of accounts (check all that apply):

- Cash Margin Options: Writing Covered Creating Spreads Purchases Long Writing Uncovered

**To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial
 institutions to obtain, verify and record information that identifies each person authorized to trade on an account.**

**I acknowledge that HR Trader will ask for the name, address, date of birth and other information of officers of the Compa-
 ny that will allow HR Trader to identify them. HR Trader may also utilize a third-party information provider for verification
 purposes and/or ask for a copy of the drivers license or other identifying documents of such officer.**

I further certify that the authority hereby conferred is consistent with the LLC Agreement and other agreements of the Company,
 and that the persons set forth below have been duly appointed or elected and are now legally holding the offices designated.

Please Sign and Date Below

I further certify that the Company is duly organized and in good standing under the laws of its state of its formation and,
 pursuant to its LLC Agreement and other governing instruments, has the power to effect the transactions set forth above
 and to take all actions as recited in the resolution above and do all things which the designated persons deem necessary
 or desirable in connection with the Company's account(s). HR Trader may rely upon this certification in establishing and
 maintaining accounts for the Company.

IN WITNESS WHEREOF, I have hereunto subscribed my name this _____ day of _____, 20_____,

X

 Signature of Manager or Authorized Member

X

 Signature of Manager or Authorized Member

 Print Name of Manager or Authorized Member

 Print Name of Manager or Authorized Member



Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address
(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country



Additional Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address (If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country



Additional Authorized Individual Information

Authorized Individual Name	Title
Date of Birth (MM/DD/YYYY)	Social Security Number or Taxpayer ID Number
U.S. Drivers License Number	State of Issuance
Countries of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Indicate Countries): _____	

Mailing Address
(If different than legal address)

Address	City, State, Zip
Province (if applicable) Country	() - () -
	Home Telephone Work Telephone

Employment Status

Employed Not-Employed Retired

	Name of Employer
Occupation (List source of income if retired or not employed)	Employer's Address
City, State, Zip	Province (if applicable), Country

If more than three authorized individuals, please print and complete additional pages as necessary.