

INCUMBENCY CERTIFICATE

[Pharmacy's Full legal Name]

The undersigned, being the duly elected/appointed and currently serving Secretary/Clerk of the above named corporation/LLC/ \_\_\_\_\_ hereby certify to the Connecticut Department of Social Services that \_\_\_\_\_, named in the attached Attestation is the duly elected/appointed, currently serving, and authorized President/Treasurer/ Managing Member of the above named corporation/LLC/ \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

State of Connecticut  
County of \_\_\_\_\_

On this \_\_\_ day of \_\_\_\_\_, 2007, before me, the undersigned officer, personally appeared \_\_\_\_\_ who acknowledged herself/himself to be the Secretary/Clerk of \_\_\_\_\_, and swore or attested to the truth of the above Incumbency Certificate.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
Notary Public  
Justice of the Peace  
Commissioner of the Superior Court