CERTIFICATE OF AUTHORITY

I, _____ (Name), certify that I am the _____ (Title) of **Killeen Independent School District** and that, _____ (signator of outgrant), who signed the foregoing instrument on behalf of the Grantee, was authorized to sign for **Killeen Independent School District**. I further certify that the said officer was acting within the scope of powers delegated to this governing body of the Grantee in executing said instrument.

Killeen Independent School District

_____ Date

_____ Member or Manager

NOTE: This form certifies that the person signing the attached instrument has the authority to do so. The signature of the Secretary/Attesting Officer and the individual signing the attached instrument cannot be the same person.