



**United States
of
America Republic**
Travis-Austin: Bey, Secretary of State

Corporations Division
PO Box 12544 Chicago, IL 60612

Certificate of State Board Registration

Professional License No. _____

This is to certify that each of the persons named below, as incorporators and/or shareholders of a proposed Professional

Corporation named _____
Name of Corporation

are duly licensed or registered to practice the profession of _____
Name of Profession

in the U.S.A.R. with _____
Name of Board

Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address-- Province
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above name(s) of Incorporator(s) are hereby approved by this Provincial Board.

Authorized Signature of State Board *Printed Name* *Title* *Date*

Name and address to return filed document:

Name: _____

Address: _____

Province and Zip Code: _____