

Name of Authorizer:	Pillsbury United Communities
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LEGALLY BINDING

By signing this form, I/we acknowledge that I/we am/are aware of authorizer responsibilities in their entirety as stated within the AAP materials and shall comply with all applicable federal, state and local laws, ordinances, rules, regulations and provisions stated therein. I/we hereby assure and agree to comply with all conditions of the AAP and submit required documents and certifications as required.

IDENTIFIED OFFICIAL WITH AUTHORITY

Chanda Smith Baker, President and CEO

NAME AND TITLE



SIGNATURE (person with authority to sign legal documents on behalf of the organization)

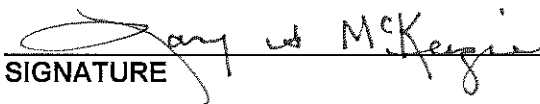
8/04/16

DATE

ORGANIZATION'S PRIMARY AUTHORIZING CONTACT (if different from above)

Larry McKenzie, Charter Liaison

NAME AND TITLE



SIGNATURE

8/4/2016

DATE