

OFFICER CERTIFICATION OF COMPLIANCE

Date: _____

I certify that [APPLICANT] has complied with all local, state, and federal tax laws and with all applicable regulatory requirements.

By: _____

Name: _____

Title: _____

SAMPLE

COMMONWEALTH OF MASSACHUSETTS

COUNTY OF _____

The foregoing certification was acknowledged before me on this ____ day of _____, 2024, by _____.

Signature of Notary Public –
Commonwealth of Massachusetts
My Commission Expires: