Agent's Certification as to the Validity of Power of Attorney and Agent's Authority

State of Idaho)
)ss.
County of)

I, _____, certify under penalty of perjury that _____ granted me authority as an agent or successor agent in a Power of Attorney dated _____ .

I further certify that to my knowledge:

(1) The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and that the Power of Attorney and my authority to act under the Power of Attorney have not terminated;

(2) If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, that the prior agent is no longer able or willing to serve; and

(4) _____
_____ (Insert other relevant statements)

_____
Agent's Signature

Date: _____

Agent's Name Printed: _____

Agent's Address: _____
_____

Agent's Phone Number: _____

This document was acknowledged before me on _____, by _____.

_____
Notary Public for the State of
Residing at:
My Commission Expires: