

Delaware Clearing Service

3601 N. Market Street
Wilmington, Delaware 19802

FOR INTERNAL USE ONLY

DATE RECEIVED: _____ DATE RECORDED: _____
DATE CONFIRMED: _____ INITIALS: _____

RESOLUTION

In consideration of Delaware Clearing Service agreeing to open and carry the precious metals clearing account, the undersigned certify, represent and warrant to Delaware Clearing Service that the company identified below is valid and in good standing in the state of formation, and the information herein is true and complete.

COMPANY INFORMATION

Name of Company: _____

Tax ID #: _____

State of Incorporation/Organization: _____

Year of Establishment: _____

Federal EIN or SSN if Sole Proprietorship: _____

TYPE OF ENTITY (CHECK ONE):

Corporation

Limited Liability Company

Partnership

Sole Proprietorship (Attach State-Issued Business License)

Other Business Organization (Attach Charter or other organizing documents)

Specify Other Type of Organization: _____

Name of Company Secretary: _____

AUTHORIZED PERSONS

I hereby certify I am the Secretary of the Company, duly organized and existing under the laws of the above-named state, and that the following is a resolution duly adopted by the board of directors of the Company at a meeting held on _____, 20____, and that such resolution has not been rescinded or modified and is in full force and effect.

RESOLVED, that no more than two of the following principals, members, officers, managers and/or employees is/are hereby fully authorized to act for and on the behalf of Company to open one or more precious metals accounts for Company with Delaware Clearing Service ("Clearing Service"); to deposit cash or precious metals bullion into Company's precious metals account; to buy, sell, deliver, transfer, trade, liquidate, pledge, or segregate precious metals in the precious metals account(s) established for Company by Clearing Service; to execute any necessary documents to accomplish any of these authorized acts; and to issue instructions to Clearing Service by written, oral, or electronic means.

Name of Authorized Individual Title Signature

Name of Authorized Individual Title Signature

BENEFICIAL OWNERSHIP

Please identify below the Principals, Shareholders, Limited Partners, Beneficial Owners or LLC Members with greater than 25% ownership interest in the Company.

1. _____

2. _____

3. _____

4. _____

5. _____

Clearing Service is authorized and requested to accept and honor the instructions of one or both authorized individuals to open one or more precious metals accounts for Company; and to accept and honor, without limit as to amount and without inquiry or investigation, such instructions to buy, sell, deliver, transfer, trade, liquidate, pledge, or segregate precious metals in the precious metals account(s) established for Company; to accept and honor such instructions in any document submitted to accomplish any of the above authorized acts; and to accept and honor such instructions by written, oral, or electronic means.

Company shall promptly defend, indemnify and hold harmless Clearing Service, FidelityTrade Incorporated, its affiliates, officers, directors, employees, and agents against any claims, suits, damages, or losses, costs, or attorneys' fees that arise out of or relate to Clearing Service's compliance with the instructions of any person authorized to act on Company's behalf under this Corporate Resolution. Clearing Service shall be entitled to conclusively rely on this Resolution, without inquiry or investigation, unless Company sends a written notice to Clearing Firm clearly and unambiguously revoking the Resolution, and Clearing Firm acknowledges in writing that it has received Company's revocation of this Resolution.

IN WITNESS WHEREOF, I have hereunto signed and subscribed my name.

Secretary

NOTARY

STATE OF _____)
COUNTY OF _____)ss:

On this ____ day of _____, 20____, before me a Notary Public, personally appeared _____, known or identified to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained. IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal.

NOTARY SEAL

Signature of Notary

My Commission Expires: _____