

EXHIBIT B

**AGENT'S CERTIFICATION AS TO THE
VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY**

State of Ohio)
) SS:
County of _____)

I, _____ (Name of Agent), certify under penalty of perjury that
_____ (Name of Principal) 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 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, the prior agent is no longer able or willing to
serve;

(4) _____
(Insert other relevant statements).

SIGNATURE AND ACKNOWLEDGEMENT

Agent's Signature

Date

Agent's Name Printed

Agent's Address

Agent's Telephone Number

EXHIBIT B

This document was acknowledged before me on _____, ____ (Date) by
_____ (Name of Agent).

Notary

My commission expires:_____

This document prepared by:

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