

SECRETARY'S CERTIFICATE

The undersigned hereby certifies that she/he is the Secretary of:

[insert full name of agricultural organization]

(the "Organization"), and that as such she/he is authorized to execute this Certificate on behalf of the Organization, and further certifies as follows:

1. The Organization has at least fifteen members and was regularly organized and has been in existence since prior to May 2, 2018.
2. Each of the persons named below has been duly appointed by the Organization to represent the Organization as a Delegate in the annual election of trustees representing organized agricultural interests (the "Election") of The Pennsylvania State University (the "University").

Delegate 1

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

County: _____

Delegate 2

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

County: _____

Delegate 3

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

County: _____

NOTE TO SECRETARY: IF THE ORGANIZATION HAS MORE THAN FIFTEEN MEMBERS IN GOOD STANDING FROM MORE THAN ONE COUNTY, THE ORGANIZATION IS ENTITLED TO SEND UP TO THREE DELEGATES FROM EACH SUCH COUNTY, UP TO A MAXIMUM OF NINE DELEGATES. IF THAT IS THE CASE WITH RESPECT TO YOUR ORGANIZATION, PLEASE CONTACT THE BOARD OFFICE.

- 3. Each of the persons named below has been duly appointed by the Organization as an Alternate Delegate to represent the Organization in the Election in the event that any of the above named Delegates is unable to attend the Election in person.

Alternate Delegate 1

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

County: _____

Alternate Delegate 2

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

County: _____

Alternate Delegate 3

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

County: _____

NOTE TO SECRETARY: IF THE ORGANIZATION HAS MORE THAN FIFTEEN MEMBERS IN GOOD STANDING FROM MORE THAN ONE COUNTY, THE ORGANIZATION IS ENTITLED TO SEND THREE ALTERNATE DELEGATES FROM EACH SUCH COUNTY, UP TO A MAXIMUM OF NINE DELEGATES. IF THAT IS THE CASE WITH RESPECT TO YOUR ORGANIZATION, PLEASE CONTACT THE BOARD OFFICE.

4. Each of the Delegates and Alternate Delegates identified above is a member in good standing of the Organization as of the date hereof.
5. The Organization's delegates will represent the counties set forth above in the Election.
6. By including the names of the Delegates under items 2 and 3 of this document, I hereby certify that the Organization has at least fifteen members in each county for which Delegates have been appointed.

WITNESS, the signature of the undersigned this _____ day of _____, 20__

Secretary

The undersigned certifies that he/she is an Authorized Officer of the Organization and further certifies that _____ is the Secretary of the Corporation
[insert name of Secretary]

as of the date hereof, and that the signature to the foregoing Certificate is his/her genuine signature.

Dated: _____, 20__

Authorized Officer

Please return signed certificate **by April 2, 2019:**

First-class mail:

Office of the Board of Trustees
Secretary
205 Old Main
University Park, PA 16802

Email scanned forms:

BOT@psu.edu

Fax:

(814) 863-4631