



Partnership Resolution and Certificate

Account Information

Official Full Name of Partnership

Line of Business

Taxpayer ID Number

Account Legal Address

(Required Information - NO P.O. Boxes)

Account information will be mailed to the legal address (or mailing address if different) listed below.

Address

City, State, Zip

Province (if applicable)

Country

Account Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

Vision Account Number: _____ - ____



The undersigned hereby certifies that I am/we are the General Partner(s) of (Partnership) _____
 _____ (the "Partnership"), a Limited Partnership General Partnership, duly organized and existing
 under the laws of the State of _____, and that the following is a true copy of a resolution duly adopted by the
 Partnership at a meeting held on the _____ day of _____, 20_____, and that such resolution has not been
 rescinded or modified and is in full force and effect:

RESOLVED, that (Name and Title) _____ and (Name and Title) _____,
 or either one of them acting individually, or such other persons as the Partnership may designate from time to time in writing, or
 by his/her apparent authority, are hereby fully authorized and empowered to **a)** open a brokerage account with Vision, **b)** transfer,
 endorse, sell, assign, set over and deliver any and all shares of stocks, bonds, debentures, notes, evidence of indebtedness or
 other securities (including short sales) now or hereafter standing in the name of or owned by the Partnership, **c)** purchase stocks,
 bonds, debentures, notes, evidences of indebtedness and other securities (on margin or otherwise), **d)** borrow money and draw
 upon credit lines of the Partnership to secure and margin trades, **e)** receive requests and demands for additional margin, notices
 of intention to sell or purchase, and other notices and demands of whatever character, **f)** receive, affirm and acquiesce in the cor-
 rectness of notices, confirmations, statements of account and other records and documents, **g)** settle, compromise, adjust or re-
 lease any and all claims, demands, disputes or controversies with Vision or any of its correspondent broker/dealers, and **h)** make,
 execute and deliver any and all written instruments necessary or proper to effectuate the authority hereby conferred.

Investments Permitted

The undersigned agrees to the entering of purchases and sales of securities as well as all other transactions in the following
 type(s) of accounts (check all that apply):

- Cash Margin Options: Writing Covered Creating Spreads Purchases Long Writing Uncovered

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person authorized to trade on an account.

I acknowledge that Vision will ask for the name, address, date of birth and other information of partners of the Partnership that will allow Vision to identify them. Vision may also utilize a third-party information provider for verification purposes and/or ask for a copy of the drivers license or other identifying documents of such partners and authorized persons.

I/We further certify that the authority hereby conferred is consistent with the Partnership agreement and other governing instru-
 ments of the Partnership, and that I/we are now legally holding the positions designated below.

Please Sign and Date Below

I/We further certify that the Partnership has the power to effect the transactions set forth above and to take all actions as
 recited in the resolution above and do all things which the designated persons deem necessary or desirable in connection
 with the Partnership's account(s). Vision may rely upon this certification in establishing and maintaining accounts for the
 Partnership.

IN WITNESS WHEREOF, I/we have hereunto subscribed my/our name(s) this _____ day of _____, 20_____,

X _____ **X** _____
 Signature of General Partner or Authorized Person Signature of General Partner or Authorized Person

 Print Name Print Name

If there is more than one general partner, all general partners must sign this form unless a written instrument is presented evidencing the authority of a managing general partner to sign on behalf of the Partnership.

Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(_____) _____ - _____
Home Telephone

(_____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country

Additional Authorized Individual Information

Authorized Individual Name _____

Title _____

Date of Birth (MM/DD/YYYY) _____

Social Security Number or Taxpayer ID Number _____

U.S. Drivers License Number _____

State of Issuance _____

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address

(If different than legal address)

Address _____

City, State, Zip _____

Province (if applicable) _____

Country _____

(_____) _____ - _____
Home Telephone

(_____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country

Additional Authorized Individual Information

Authorized Individual Name _____

Title _____

Date of Birth (MM/DD/YYYY) _____

Social Security Number or Taxpayer ID Number _____

U.S. Drivers License Number _____

State of Issuance _____

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address
(If different than legal address)

Address _____

City, State, Zip _____

Province (if applicable) _____

Country _____

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country

If more than three authorized individuals, please print and complete additional pages as necessary.