

CERTIFICATE OF AUTHORITY

(Sole Proprietor)

I, _____, doing business under the name of _____ (hereinafter the Business), certify that as a Sole Owner of the Business that I am authorized to enter into a contract with the State of Oregon, Oregon Health Authority, Health Systems Division, on behalf of myself.

IN WITNESS WHEREOF, I have set my hand as the Sole Owner of the Business this _____ day of _____, _____.

By: _____
(Sole Owner Signature)

STATE OF OREGON }
 } ss.
County of _____ }

On this the _____ day of _____, 2022, before me the undersigned Notary Public, personally appeared _____, who acknowledged himself , herself , themselves to be the Sole Owner of _____, and that he , she , or they as such Sole Owner being authorized to do so, executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal.

By:
Notary Public In and For the State of Oregon
My commission expires: _____