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ST. THOMAS 8000 Nisky Shopping Center, Suite 620, St. Thomas, VI 00802 (340) 714-1700 FAX (340) 777-1103

CERTIFICATION OF TRUTH

(To be filled out by a duly authorized representative of the entity in support of the application for Virgin Islands Economic Development Commission ("VIEDC") tax incentive benefits.)

Examples of authorized signatories: CORPORATION - an officer (President/Secretary/Treasurer or Chief Financial Officer) or a non-officer with written signatory authority; LLC – a Manager; PARTNERSHIP (General Partnership/LP/LLLP) – a General Partner, but not a Limited Partner

NAME OF VIEDC APPLICANT:	
	Please indicate whether the entity conducts or transacts business under a fictitious name (d/b/a).
examined this application and and to the best of my knowledge.	(Print), hereby certify that I have accompanying documents submitted for consideration before the VIEDC dge and belief, they are true, accurate and complete. If information d that I am obligated to inform the VIEDC.
SIGNATURE:	TITLE:
DATE:	EMAIL:
	ACKNOWLEDGMENT
STATE OF)) SS:
COUNTY OR DISTRICT OF)
personally appearedproven to be the person whos	
IN WITNESS WHEREOF, I hereu	nto set my hand and official seal.
	Notary Public
	Commission Expires:

The VIEDC reserves the right to request the entity's organizational agreement, operating agreement and resolutions duly adopted to authorize and empower the herein named signatory to negotiate, enter into and execute, in the name and on behalf of the entity, any applications, agreements, documents, instruments, certificates and other commitments and obligations that he/she deems or believes to be advisable and in the best interest of the entity.

A photocopy, electronic, or similar copy of this Certification of Truth shall be considered as effective and valid as the original.