

## Signature Certification Montana Department of Commerce Montana Community Reinvestment Program

Montana Department of Commerce Community MT Division, MCR Program 301 S. Park, P.O. Box 200523 Helena, MT 59620-0523

tana Community Reinvestment funing Grant Contract #MT-MCR-P		
	ald sign; it is acceptable to have more to ensure	
Signature	Date	
Typed Name	 Title	
Signature	 Date	
Typed Name	 Title	
Signature	Date	
Tvped Name	 	

It is understood that any two of the above signatories must sign each request for payment submitted.



I hereby certify that I have wit	tnessed the sig	ning of the above-nam	ed signatures.
Signature of Witness		Date	
Typed Name and Title of Witi	ness		
STATE OF MONTANA)			
County of)			
This instrument was acknowle	_	ne on	, by
(NOTARIAL SEAL)			
	Printed Na	ame	
		PUBLIC FOR STATE (	
	Residing a	at	
	My Comm	ission expires	