California Alternative Energy and Advanced Transportation Financing Authority

 PACE Loss Reserve Program

Signature Certificate

**[PACE Program Name]**

[Date]

The persons named below are “Authorized Representatives” authorized to act on behalf of [PACE Program Name] to submit application, reports and claims to the California Alternative Energy and Advanced Transportation Financing Authority related to the PACE Loss Reserve Program.

The signatures below are genuine for each of these authorized representatives.

 Name Office/Title Signature of Authorized Representative

 [Name] [Title]

 [Name] [Title]

 [Name] [Title]

The above designation of an “Authorized Representative” on behalf of [PACE Program Name] may be amended or rescinded at any time hereafter by a replacement Certificate. [Whoever signs and dates the section below, must also have their name, title and signature in the section above – please delete this text when drafting the document.]

Dated:

Signature:

Name:

Title: