OHIO DEPARTMENT OF DEVELOPMENT BROWNFIELD REMEDIATION PROGRAM CERTIFICATE OF FUND MATCH

I hereby further certify that the above appropriated amount is an adequate match to meet the Program Guidelines.

SUBRECIPIENT: ______ By: ______ Authorized Officer/Representative Name: ______ Title: ______ Address: ______ Date: ______ STATE OF OHIO)

) SS: COUNTY OF SUMMIT)

Before me, a notary public, in and for said County and State, personally appeared the above named ______, _____[Title], on behalf of the Subrecipient, personally known to me or had satisfactory evidence to be the person appeared before me on this ______ day of ______, 2023, who acknowledged that he/she/they signed the foregoing instrument and that the same is his/her/their free act and deed of said corporation. This is an acknowledgement certificate, and no oath or affirmation was administered to the signer(s).

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal on this _____ day of _____, 2023.

Notary Public My commission expires: ______