

Certification of Organization Resolution

1 INSTRUCTIONS

Use this form to certify the list of individuals authorized to act on behalf of the Organization for investment accounts maintained with ICON Advisers, Inc. ("ICON").

This form can be completed only by the secretary (or person performing similar functions) or other designated officer or general partner of an Organization to certify the names of the officers or general partners authorized to give instructions on the Organization's account(s) with ICON. Completing and returning this form to ICON eliminates the need to provide a certified resolution with each transaction request. ICON will keep this Resolution on file, where it will remain in full force and effect until a written revocation of the Resolution is delivered to ICON and ICON has had a reasonable amount of time to act upon it.

2 CERTIFICATION

Provide the name of the Organization and the names, titles, and signatures of the authorized officers or general partners below. If you want to authorize more than four individuals, write "See Attached" in Section A below, and attach a separate sheet with each officer's or general partner's name, title, and signature.

As an authorized officer or general partner of:

NAME OF CORPORATION _____

I certify that the person(s) listed below:

A. _____
NAME

_____ **X** _____
TITLE SIGNATURE

B. _____
NAME

_____ **X** _____
TITLE SIGNATURE

C. _____
NAME

_____ **X** _____
TITLE SIGNATURE

D. _____
NAME

_____ **X** _____
TITLE SIGNATURE

are duly authorized by resolution to act on behalf of the Organization specified above in connection with any ICON account(s) owned by this Organization. The above-named officer(s) or general partner(s) are authorized to invest the assets of the Organization, to give instructions for the purchase, sale, exchange

or transfer of assets, and to execute and deliver any forms or instructions in connection with those shares.

The Organization listed in this section agrees to indemnify and hold ICON harmless from acting upon the instructions believed by ICON to have originated from the officer(s) or general partner(s) named above. This Resolution is to remain in effect until revoked in writing by the officer(s) or general partner(s) named above and delivered to ICON. The revocation will not effect any liability resulting from transactions initiated before ICON has had a reasonable amount of time to act upon the revocation.

I am authorized and directed to certify the above and these provisions conform with the charter of the Organization.

3 REVOCATION OF PREVIOUS RESOLUTIONS

Check here to revoke all previous resolutions provided to ICON.

4 TRANSACTION AUTHORIZATION

Enter the number of signatures required to transact in the ICON account(s) listed in Section 2. If a number is not given, all signatures will be required on transaction requests.

NUMBER OF SIGNATURES FOR TRANSACTIONS _____

5 SIGNATURE OF AUTHORIZED OFFICER

To the above I set my signature.

X _____
SIGNATURE OF SECRETARY OR OTHER OFFICER OR GENERAL PARTNER

TITLE

DATE

6 OTHER SIGNATURE

If the individual certifying this Resolution is listed as one of the officers or general partners authorized to act upon the ICON account(s), a second officer or general partner must sign here. If the individual certifying the Resolution is the sole officer and/or director or general partner of the Organization, please attach a copy of the Articles of Organization, Bylaws and/or Organization Resolutions documenting the officers and directors or general partners of the Organization.

X _____
SIGNATURE OF AUTHORIZED INDIVIDUAL

TITLE DATE

TELEPHONE NUMBER