STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
735 E. Michigan Avenue
PO Box 30044 — Lansing, MI 48909

This form is issued under authority of Act 346 P.A. 1966. Completion and execution is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

If you have a current certificate from the Michigan Department of Transportation attached copies and skip pages 1 and 2 of Certificate for Minority/Woman-Owned Business Enterprise.

CERTIFICATE AS TO CORPORATE DOCUMENTS AND OFFICERS

I, ______________________________ certify that I am the duly elected, qualified and

(Insert name of Corporate Secretary)

Acting Corporate Secretary of ____________________________ a Michigan

(Insert legal name of corporation)

corporation (herein referred, to as the 'Corporation'), that the Articles of Incorporation delivered herewith are a tru
and correct copy of the Articles of Incorporation of the Corporation, as amended through the date hereof, and that suc
Articles of Incorporation remain in full force and effect as of the date hereof.

I further certify that the document attached hereto, consisting of ________ pages, is a true and correct copy of the By-

Laws of the Corporation, including all amendments thereto through the date hereof, and that such Corporate By-Laws
remain in full force and effect as of the date hereof.

I further certify that the following are the Board of Directors and the duly elected, qualified and acting officers of the
corporation as of the date hereof.

Board of Directors

__________________________

__________________________

__________________________

__________________________

Officers of Corporation

President

Vice-President

Secretary

Treasurer

I further certify that the attached Minutes of the Corporation describing the Corporate Resolution, as to the issuance
of shares of the Corporation, is a true and correct copy of the Minutes of the Corporation and that no other authorized
shares have been issued other than as set forth in the attached Corporate Minutes.

The undersigned hereby acknowledges that any intentional false statement in this Certificate or willful
misrepresentation relative thereto, made with the intent of securing participation in any program financed by the
Michigan State Housing Development Authority is a felony (if the amount of the contract exceeds $100.00),
punishable by a fine or imprisonment under Section 46.7 of Act 346 P.A. 1966, as amended.

IN WITNESS WHEREOF, I have hereunto set my hand and the corporate seal of the Corporation this

______ day of ___________________ 2011.

WITNESSES: (Two required)

________________________________________

________________________________________

(Signature of Corporate Secretary)
This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

**CERTIFICATE FOR MINORITY OWNED BUSINESS ENTERPRISE (MBE)**

The undersigned, 

(Insert Title)

Certify to the following:

1. 

(Insert Legal Name of Entity)  (Insert I.R.S. Number)

(Insert Address, City, State, & County of entity)

is a minority-owned and controlled business based upon the following information (Must Answer A, B or C):

A. Sole Proprietorship (select one)  Yes □  No □

Owner is

________________________________________

Owner's Signature ___________________________ Race ________

B. If a General or Limited Partner or Joint Venture:

<table>
<thead>
<tr>
<th>List Name(s) of all General Partner(s) or Joint Venture(s)</th>
<th>Indicate whether Minority or if Non-Minority*</th>
<th>State Name of Minority Group</th>
<th>Percent of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Refer to "Definitions of Minority Groups." (Add multiracial information if applicable)
This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

**CERTIFICATE FOR MINORITY OWNED BUSINESS ENTERPRISE (MBE)**

C. If a Corporation:

<table>
<thead>
<tr>
<th>List Name(s) of all Board of Directors</th>
<th>Indicate whether Minority or if Non-Minority</th>
<th>State name of Minority Group</th>
<th>Percent of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List of Shareholders</th>
<th>Number of Shares Owned</th>
<th>Indicate whether Minority or if Non-Minority</th>
<th>State Name Minority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. The minority person(s) listed above, receives more than 50% of the net profits and losses attributable to the business: Yes ☐ No ☐

3. Of the person(s) listed above the following controls the daily management and operation of the business:

4. The undersigned hereby acknowledges that any intentional false statement in this certificate or willful misrepresentation relative thereto, made with the intent of securing participation in any program financed by the Michigan State Housing Development Authority is a felony (if the amount of the contract exceeds $100.00), punishable by a fine or imprisonment under Section 46.7 of Act 346 P.A. 1966.

WITNESSES: (Two required) By:

______________________________
______________________________

(Name of Business Entity)

Date

*Refer to "Definitions of Minority Groups." (Add multiracial information if applicable)
STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
735 E. Michigan Avenue
PO Box 30044 — Lansing, MI 48909
This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

CERTIFICATE FOR WOMEN OWNED BUSINESS ENTERPRISE (WBE)

The undersigned, ________________________________
(Insert Title)

Certify to the following:

1. ________________________________
(Insert Legal Name of Entity) (Insert I.R.S. Number)

______________________________
(Insert Address, City, State, & County of entity)

is a women-owned and controlled business based upon the following information (Must Answer A, B or C):

A. Sole Proprietorship (select one) Yes □ No □

Owner is ________________________________
Owner's Signature ________________________________ Race ________________________________

B. If a General or Limited Partner or Joint Venture:

<table>
<thead>
<tr>
<th>List Name(s) of all General Partner(s) or Joint Venture(s)</th>
<th>Indicate whether Minority or if Non-Minority*</th>
<th>State Name of Minority Group</th>
<th>Percent of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Refer to "Definitions of Minority Groups." (Add multiracial information if applicable)
STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
735 E. Michigan Avenue  
PO Box 30044 — Lansing, MI 48909

This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required. Failure to complete and execute this form may result in the termination of the construction subcontract.

CERTIFICATE FOR WOMEN OWNED BUSINESS ENTERPRISE (WBE)

C. If a Corporation:

<table>
<thead>
<tr>
<th>List Name(s) of all Board of Directors</th>
<th>Indicate whether Minority or if Non-Minority</th>
<th>State name of Minority Group</th>
<th>Percent of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List of Shareholders</th>
<th>Number of Shares Owned</th>
<th>Indicate whether Minority or if Non-Minority</th>
<th>State Name Minority Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. The minority person(s) listed above, receives more than 50% of the net profits and losses attributable to the business:  
   Yes ☐   No ☐

3. Of the person(s) listed above the following controls the daily management and operation of the business:

4. The undersigned hereby acknowledges that any intentional false statement in this certificate or willful misrepresentation relative thereto, made with the intent of securing participation in any program financed by the Michigan State Housing Development Authority is a felony (if the amount of the contract exceeds $100.00), punishable by a fine or imprisonment under Section 46.7 of Act 346 P.A. 1966.

WITNESSES: (Two required)  

__________________________________________  

By: ________________________________________  

__________________________________________  

(Name of Business Entity)

__________________________________________  

Date

*Refer to "Definitions of Minority Groups." (Add multiracial information if applicable)
DOCUMENTS TO SUBMIT WITH MBE/WBE APPLICATION
Minority must have 51% Controlling Interest

MBE/WBE Subcontractor/Supplier certifies as one of the following;

- **Sole proprietorship**; a copy of Certificate of Assumed Name or Certificate of DBA
- **Limited Liability Company**; Articles of Organization Limited Liability Company;
  Operating Agreement to Limited Liability Company Minutes of Organization to Limited Liability Company
- **Corporation**; Articles of Incorporation, Bylaws of Incorporation and any amendments;
  Minutes of Incorporation;

NOTE: In order to be considered a minority or woman owned company, a company must be owned (at least 51% interest in profits and losses by a minority or a woman), operated (participation in the daily management and operation of the company) and controlled (minority person must have and actually exercise authority to independently makes significant decisions on behalf of the company) by a minority or women or group persons.