



17800 Castleton Street, Suite 630
City of Industry, CA 91748

Phone : (626)964-5966
Fax : (626)964-5926

Certificate of Sole Proprietorship

Please read carefully, sign _____ Account Number _____
and return to Wedbush Morgan Securities.

This will advise you that I _____ am doing business under the name
and style of, and at the location listed below. Also that I am the sole owner of said Company, on
one else having any right, title or interest therein.

Name of Sole
Proprietorship _____

Located at _____

City _____ State _____ Zip Code _____

I hereby agree that I will personally be responsible for any debts that arise in my Sole
Proprietorship account.

In the event I also maintain a personal account with you, I, as the sole owner of this Company,
hereby authorize you to accept checks that are drawn on the above named Company for credit to
my personal account with you.

If there is any change of ownership, title or interest in this business you will be immediately
advised in writing.

Date _____ Owner's
Signature _____