***CERTIFICATE***

STATE OF WISCONSIN )  
 ) SS  
(AGENCY) \_\_\_\_\_\_\_\_\_ )

I, [(title of official)] of the [*Name of Agency*] and custodian of the official records, certify that the annexed rules, relating to (subject) , were approved and adopted by the [(board) (department) (commission)] on (date) .  
  
I further certify that this copy has been compared by me with the original on file in the [(board) (department) (commission)] and that it is a true copy of the original.  
  
 IN TESTIMONY WHEREOF, I have   
 signed this certificate and affixed the official  
 seal\* of the [*Name of Agency*] at (office  
 building or address) in the city of  
 Madison, this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_,  
 20 .  
\*SEAL, if any  
 (Signature)

(title of official)