***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)