

# ALPHA Z ADVISORS LLC

209 West Jackson Boulevard  
Suite 900  
Chicago, Illinois 60606

## 'QEP' CERTIFICATION

Initial all appropriate spaces below indicating the basis on which you or your organization qualifies as a "qualified eligible person" under Commodity Futures Trading Commission Rule 4.7.

Please note that you (or your organization) will be deemed to have satisfied the "Portfolio Requirement" only if you either: (i) own securities (including participations in commodity pools) of issuers not affiliated with the undersigned and other investments (e.g., real estate held for investment purposes) with an aggregate market value of at least \$2,000,000, or (ii) have on deposit with a futures commission merchant at least \$200,000 in exchange-specified initial margin and option premium for commodity interest transactions, or (iii) own a portfolio comprised of a proportionate combination of (i) and (ii) (for example \$1,000,000 in securities and \$100,000 in margin and premium).

### INDIVIDUALS:

/\_\_\_\_\_/ (1) If you are an individual the undersigned you hereby certify that you are a qualified eligible person because:

(i) You have an individual net worth, or joint net worth with your spouse, in excess of \$1,000,000; or

(ii) You have had individual income (exclusive of any income attributable to spouse) of more than \$200,000 for each of the past two years or a joint income with spouse in excess of \$300,000 in each of those years, and you reasonably expect to reach the same individual income level, or the same joint income level, as the case may be, in the current year.

and

(2) You satisfy the Portfolio Requirement.

### ENTITIES:

/\_\_\_\_\_/ (1) The undersigned hereby certifies that it is a qualified eligible person because it is (i) a corporation, Massachusetts or similar business trust, partnership, limited liability company or similar business venture, other than a commodity pool, (ii) which has total assets in excess of \$5,000,000, (iii) was not formed for the specific purpose of opening an exempt account and (iv) satisfies the Portfolio Requirement.

/\_\_\_\_\_/ (2) The undersigned hereby certifies that it is qualified eligible person because it is (i) a futures commission merchant registered pursuant to Section 4(d) of the Commodity Exchange Act, as amended ("CEA"), or a principal thereof; (ii) a commodity trading advisor registered pursuant to Section 4m of the CEA, or a principal thereof, who has either been so registered and active as such for two years or who provides commodity interest trading advice to commodity accounts which, in the aggregate, have total assets in

excess of \$5,000,000 deposited at one or more futures commission merchants; (iii) a commodity pool operator registered pursuant to Section 4m of the CEA, or a principal thereof, who either has been so registered and active for two years or who operates pools which, in the aggregate, have total assets in excess of \$5,000,000; (iv) a broker or dealer registered pursuant to Section 15 of the Securities Exchange Act of 1934; or (v) an investment adviser registered pursuant to the Investment Advisers Act of 1940 (“Advisers Act”) or pursuant to the laws of any state, or a principal thereof, who has either been so registered and active as such for two years or who provides securities investment advice to securities accounts which, in the aggregate, have total assets in excess of \$5,000,000 deposited at one or more registered securities brokers.

/\_\_\_\_\_/ (3) The undersigned hereby certifies that it is a qualified eligible person because it is (I) a commodity pool with total assets in excess of \$5,000,000, (ii) was not formed for the specific purpose of opening an exempt account, (iii) satisfies the Portfolio Requirement, and (iv) its purchase is directed by a qualified eligible person.

/\_\_\_\_\_/ (4) The undersigned hereby certifies that it is a qualified eligible person because all of its equity owners, unit owners, and participants are qualified eligible persons. IF YOU INITIALED THIS STATEMENT AND DID NOT INITIAL SECTION (1), (2) or (3) OF THE ENTITY PORTION OF THIS CERTIFICATION, THE MANAGER IN ITS DISCRETION MAY REQUIRE YOU TO PROVIDE IT WITH A LIST SETTING FORTH THE NAMES OF ALL OWNERS AND PARTICIPANTS AND INDICATING THE MANNER IN WHICH THEY QUALIFY, AND MAY REQUIRE EACH SUCH PERSON TO COMPLETE A QUALIFIED ELIGIBLE PERSON EQUITY OWNER QUESTIONNAIRE IN THE FORM SUPPLIED.

/\_\_\_\_\_/ (5) The undersigned hereby certifies that it is a qualified eligible person because it is (I) a bank as defined in Section 3(a)(2) of the Securities Act of 1933 (“1933 Act”) or a savings and loan association or other institution as defined in Section 3(a)(5)(A) of the 1933 Act, acting for its own account or for the account of a qualified eligible person, and (ii) it satisfies the Portfolio Requirement.

/\_\_\_\_\_/ (6) The undersigned hereby certifies that it is a qualified eligible person because it is (I) a trust with total assets in excess of \$5,000,000, (ii) was not formed for the specific purpose of opening an exempt account, (iii) satisfies the Portfolio Requirement, and (iv) its purchase is directed by a qualified eligible person.

/\_\_\_\_\_/ (7) The undersigned hereby certifies that it is a qualified eligible person because it is (I) a trust that was not formed for the purpose of opening an exempt account and (ii) the trustee or other person authorized to make investment decisions with respect to the trust, and each settlor or other person who has contributed assets to the trust is a qualified eligible person.

/\_\_\_\_\_/ (8) The undersigned hereby certifies that it is a qualified eligible person because it is an employee benefit plan within the meaning of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), that satisfies the Portfolio Requirement and: (I) the investment decision was made by a plan fiduciary (as defined in Section 3(21) of ERISA), which is either a bank, savings and loan association, insurance company, or

investment adviser registered as such under the Advisers Act; (Please state the name of such plan fiduciary: \_\_\_\_\_) or (ii) the employee benefit plan has total assets in excess of \$5,000,000; or (iii) the plan is self directed and the investment decisions are solely made by persons that are qualified eligible persons. IF YOU INITIALED THIS STATEMENT 8(iii) AND DID NOT INITIAL EITHER 8(I) or (ii), THE MANAGER IN ITS SOLE AND ABSOLUTE DISCRETION MAY REQUIRE YOU TO PROVIDE IT WITH THE NAME OF THE PARTICIPANT AND INDICATING THE MANNER IN WHICH SUCH PARTICIPANT QUALIFIES, AND MAY REQUIRE SUCH PARTICIPANT TO COMPLETE A QUALIFIED ELIGIBLE PERSON EQUITY OWNER QUESTIONNAIRE IN THE FORM SUPPLIED BY MANAGER.

/\_\_\_\_\_/ (9) The undersigned hereby certifies that it is a qualified eligible person because it is (I) an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), (ii) has total assets in excess of \$5,000,000 and (iii) satisfies the Portfolio Requirement.

/\_\_\_\_\_/ (10) The undersigned hereby certifies that it is a qualified eligible person because it is (I) an organization described in Section 501(c)(3) of the Code and (ii) the trustee or other person authorized to make investment decisions with respect to the organization, and the person who has established the organization, is a qualified eligible person.

/\_\_\_\_\_/ (11) The undersigned hereby certifies that it is a qualified eligible person because it is (I) a plan established and maintained by a State, its political subdivisions, or any agency or instrumentality of a State or its political subdivisions, for the benefit of its employees, (ii) has total assets in excess of \$5,000,000, and (iii) satisfies the Portfolio Requirement.

/\_\_\_\_\_/ (12) The undersigned hereby certifies that it is a qualified eligible person because it is (I) an insurance company as defined in Section 2(13) of the 1933 Act, (ii) acting for its own account or for the account of a qualified eligible person and (ii) satisfies the Portfolio Requirement.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title of Authorized Person

Date: \_\_\_\_\_