

PROFESSIONAL OPINION LETTER

Instructions for completion of this professional opinion letter (this “professional opinion letter”):

1. This professional opinion letter may be authored by either:

A. An independent legal practitioner retained by and representing applicant (or an in-house legal practitioner employed by applicant) (“legal practitioner”) who is either:

I. A lawyer (or solicitor, barrister, advocate, or equivalent) licensed to practice law in the country of applicant’s jurisdiction of incorporation or registration or any jurisdiction where applicant maintains an office or physical facility, or

li. A latin notary that is a member of the international union of latin notaries, and is licensed to practice in the country of applicant’s jurisdiction of incorporation or registration or any jurisdiction where applicant maintains an office or physical facility (and that such jurisdiction recognizes the role of the latin notary); or

B. An independent accounting practitioner retained by and representing applicant (or an in-house accounting practitioner employed by applicant) (“accounting practitioner”) who is a certified public accountant, chartered accountant, or has an equivalent license within applicant’s jurisdiction of incorporation, jurisdiction of registration, or any jurisdiction where applicant maintains an office or physical facility. Verification of license must be through that jurisdiction’s member of the international federation of accountants (“ifac”) or through the regulatory organization in that jurisdiction appropriate to contact when verifying an accountant’s license to practice in that jurisdiction.

2. Starfield technologies, LLC. will verify the authenticity of this professional opinion letter.

3. For further information on the extended validation certificate vetting process, please refer to the most recent version of the guidelines for the issuance and management of extended validation certificates (the “guidelines”), which may be found at <http://www.cabforum.org/documents.html>.

[Letterhead of Practitioner]

PROFESSIONAL OPINION LETTER

To:	<u>Mailing Address:</u> Starfield PKI c/o Starfield Technologies, LLC. 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260 <u>Facsimile:</u> (480) 247-4224 <u>Email Address:</u> evdocs@starfieldtech.com
Company/Applicant:	<hr/> <i>Insert Exact Legal Name of Applicant indicated on Extended Validation Certificate Service Subscriber Agreement</i>
Contract Signer:	<hr/> <i>Insert Exact Name and Title of Contract Signer indicated on Extended Validation Certificate Service Subscriber Agreement</i>

To Starfield Technologies, LLC. ("Starfield"):

I have been retained by and represent Applicant. I have been asked by Applicant to present you with my opinion as stated in this Professional Opinion Letter. My opinion is based on my familiarity with the relevant facts and the exercise of my professional judgment and expertise.

[Optional: Insert customary preliminary matters for opinion letters in your jurisdiction.]

On this basis, I hereby offer the following opinion:

1. _____ **[Insert Exact Name of Contract Signer indicated on Extended Validation Certificate Service Subscriber Agreement]** is employed by Applicant as _____ **[Insert Exact Title of Contract Signer indicated on Extended Validation Certificate Service Subscriber Agreement]**, and has the necessary authority to act on behalf of Applicant to:

- a. Provide the information about Applicant that is required for issuance of the Extended Validation Certificate referenced above;
- b. Request one or more Extended Validation Certificates and designate other persons to request Extended Validation Certificates;
- c. Agree to the contractual obligations set forth in
 - (i) Starfield's Extended Validation Certificate Service Subscriber Agreement (the "Agreement"),
 - (ii) Starfield's Certification Practice Statement (the "CPS"), and
 - (iii) any other Starfield documents incorporated therein, all of which may be found at <http://www.starfieldtech.com/repository>; and
- d. Confirm Applicant's ownership of the domain name(s) to be included in the Extended Validation Certificate(s).

[Letterhead of Practitioner]

2. Applicant has a physical presence and its principal place of business at the following location:

Address: _____

City: _____

State: _____

ZIP/Postal Code: _____

Telephone Number (Including Area/Country Code): _____

3. Applicant **[choose one]**:

a. () Does not conduct business under an assumed name (a "DBA Name").

b. () Conducts business under an assumed name (a "DBA Name"), and such DBA Name is:

_____, and is
registered

within (city/ county / state) of _____.

4. Applicant has the right to use the following domain name(s) in identifying itself on the Internet:

[List the domain name(s) to be included in the Extended Validation Certificate(s).]

5. Company/Applicant has an active and current Demand Deposit Account with a regulated financial institution.

If applicant is a Government Organization, also complete items 6 through 9.

6. The Government Organization operates under the formal legal name of:

7. The Government Organization date of registration or formation is: _____

8. The identifier for the legislative act that created the Government Organization is:

_____.

9. The Government Organization is a legally recognized government entity incorporated/organized in the following
jurisdiction: _____,

and is validly existing and in good standing under the laws of such jurisdiction.

[Optional: Insert customary limitations and disclaimers for opinion letters in your jurisdiction.]

[Letterhead of Practitioner]

By: _____

(Signature)

Name: _____

(Printed name)

Date: _____

Professional Capacity **[choose one]**: () Legal Practitioner () Accounting Practitioner

Name of agency where Starfield Technologies, LLC may verify your authority to practice:

Authorizing Agency: _____

e.g. State Bar of Arizona, Arizona State Board of Accountancy, etc.

Contact information for the Firm submitting Professional Opinion where Starfield may verify the authenticity of this letter:

Firm Name: _____

Address: _____

City: _____

State: _____

ZIP/Postal Code: _____

Telephone Number (Including Area/Country): _____