

**ATTACHMENT 3**

**FORM OF INITIAL CERTIFICATION**

**Dated:** June 28, 2010

The undersigned (the "Prospective Employee"), on behalf of [himself][herself]<sup>(1)</sup> and [his][her] Relatives, is providing this certificate in connection with the policies and procedures established by Freeman Spogli & Co and its affiliates (collectively, "Freeman Spogli") to ensure compliance with the New York Attorney General's Public Pension Fund Reform Code of Conduct (the "Code") and similar restrictions imposed by other jurisdictions where Freeman Spogli conducts its business. Capitalized terms used and not defined in this certificate will have the meanings specified in the Code.

The Prospective Employee hereby certifies to Freeman Spogli as follows:

(i) Set forth below<sup>(2)</sup> is a true and accurate list of all of the political contributions I, or any of my Relatives, made during the two immediately preceding calendar years and this calendar year through the date hereof to:

- (1) Any candidate for local, state or federal elected office;
- (2) Any person who is responsible for or can influence the investment decision by a public pension fund;
- (3) Any person who appoints anyone who is responsible for or can influence the investment decisions by a public pension fund;
- (4) Any candidate for any official position described in (2) or (3) above;
- (5) Any fiduciary of a public pension fund;
- (6) Any political party, local, state or county political committee; or
- (7) Any political action committee.

Name and title of recipient of contribution	Office or position for which contribution given	Amount of contribution	Date of contribution
NA	NA	Ø	NA

(ii) The Prospective Employee has received a copy of the Code and will comply and cause each of [his] [her] Relatives to comply with its provisions for as long as the Prospective Employee is employed by Freeman Spogli.

Mamta Desai  
NAME OF PROSPECTIVE  
EMPLOYEE

By: Mamta Desai

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- (1) Please modify this form by using the bracketed terms that apply to you and deleting those that do not apply.
  - (2) Please insert additional rows as necessary.

## ATTACHMENT 3

### FORM OF INITIAL CERTIFICATION

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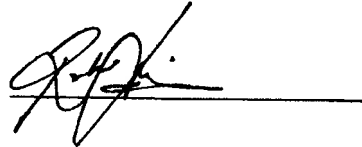
Name and title of recipient of contribution	Office or position for which contribution given	Amount of contribution	Date of contribution
None	None	—	—

(ii) The Prospective Employee has received a copy of the Code and will comply and cause each of [his] [her] Relatives to comply with its provisions for as long as the Prospective Employee is employed by Freeman Spogli.

NAME OF PROSPECTIVE  
EMPLOYEE

RAHUL K. JAIN

By:



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  - (2) Please insert additional rows as necessary.