



LAST NAME FIRST NAME **JOVEN JOHNVEN**

MIDDLE NAME

QUILONIA

REGISTRATION NO. > 0008478 REGISTRATION DATE > 10/05/2017

▶ 06/15/2023 VALID UNTIL

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CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

Signature of Professional

TEOFILO S. PILANDO, JR.

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