

STATE OF _____ COUNTY OF _____

I, _____, A NOTARY PUBLIC IN AND FOR THE A
FORESAID COUNTY AND STATE DO HEREBY CERTIFY THAT _____

_____ PERSONALLY APPEARED BEFORE ME
THIS DAY AND BEING FULLY SWORN DO HEREBY ACKNOWLEDGE THE DUE EXECUTION OF THE
FOREGOING INSTRUMENT FOR THE PURPOSES THEREIN STATED.

THIS _____ DAY OF _____, 20 .

_____ (SEAL)

(NOTARY SIGNATURE)

(SEAL)

MY COMMISSION EXPIRES: _____