

State of			
County of			
On	, before me, _	(notary)	,
(date)		(notary)	
personally appeared,			,
		(signers)	
personally, known to me			
OR			
is/are subscribed to the with executed the same in his/h	hin instrument and ackner/their authorized capa ent the person(s) or the	to be the person(s) whose name(s) nowledged to me that he/she/they acity(ies), and that by his/her/their entity upon behalf of which the	
WITNESS my hand and off	ficial seal		
(notary signature)			
My Commission Expires:			