STATE OF)		
COUNTY OF)		
I, the undersigned, a Notary	who	ose name as th	aid State, do hereby certify that ne Managing Member of g instrument, and who is known
,	ore me on this aging member a	day that, being inf nd with full authority	formed of the contents of the v, executed the same voluntarily
Given under 1	my hand this	day of	, 20
Siven under			
		Notary Publi	