

STATE OF _____)
COUNTY OF _____)

I, the undersigned, a Notary Public in and for said County, in said State, do hereby certify that _____, whose name as Attorney in Fact for _____, is signed to the foregoing instrument, and who is known by me, acknowledged before me on this day that, being informed of the contents of said instrument, he (or she) in his (or her) capacity as such Attorney in Fact, and with full authority, executed the same voluntarily on the day the same bears date.

Given under my hand and office seal this the _____ day of _____, 20____.

Notary Public
My Commission Expires: _____