

**Acknowledgment in an Individual Capacity**

State of \_\_\_\_\_)

County of \_\_\_\_\_) <sup>SS)</sup>

This instrument was acknowledged before me on \_\_\_\_\_ Date

By \_\_\_\_\_

Name(s) of Person(s)

Name of notary public \_\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Signature of Notarial Officer

My commission expires: \_\_\_\_\_

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