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| Part II Signature Block | | | | | | | | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | | | | | | | | | | | | | |
| Sign Here | ***** Signature of officer _____ Date 2020-11-13 | | | | | | | | | | | | | | | |
| | MATTHEW CARPENTER CHAIR Type or print name and title _____ | | | | | | | | | | | | | | | |
| Paid Preparer Use Only | <table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date 2020-11-13</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN P00895728</td> </tr> <tr> <td colspan="3">Firm's name ► CLIFTONLARSONALLEN LLP</td> <td colspan="2">Firm's EIN ► 41-0746749</td> </tr> <tr> <td colspan="3">Firm's address ► 801 CHERRY ST SUITE 1400 FORT WORTH, TX 76102</td> <td colspan="2">Phone no. (817) 877-5000</td> </tr> </table> | Print/Type preparer's name | Preparer's signature | Date 2020-11-13 | Check <input type="checkbox"/> if self-employed | PTIN P00895728 | Firm's name ► CLIFTONLARSONALLEN LLP | | | Firm's EIN ► 41-0746749 | | Firm's address ► 801 CHERRY ST SUITE 1400 FORT WORTH, TX 76102 | | | Phone no. (817) 877-5000 | |
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