State of	
County of	
On	hefore me
DATE	before me,
personally appeared	
	NAME(S) OF SIGNER(S)
personally known to me	proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/the executed the same in his/her/their authorize capacity(ies), an that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal.
Place Notary Seal or Stamp He	ereSIGNATURE OF NOTARY
	the information requested below is OPTIONAL, it may prove valuable to persons and could prevent fraudulent reattachment of this certificate to another document. DESCRIPTION OF ATTACHED DOCUMENT
THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT	
MUST BE ATTACHED	
MUST BE ATTACHED TO THE DOCUMENT	<u></u>