

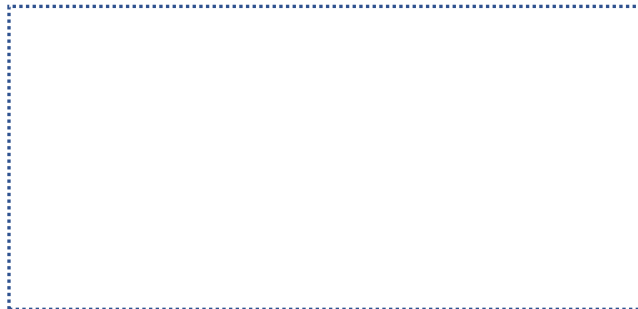
State of Minnesota

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by

\_\_\_\_\_ (name(s) of individual(s) making  
statement).

(Stamp)



\_\_\_\_\_  
(Signature of notarial officer)

Notary Public

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