

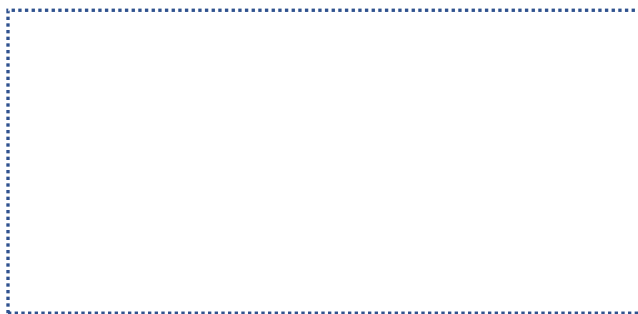
State of Minnesota

County of _____

This instrument was acknowledged before me on _____ (date) by

_____ (name(s) of individual(s)).

(Stamp)



(Signature of notarial officer)

Notary Public

My commission expires: