

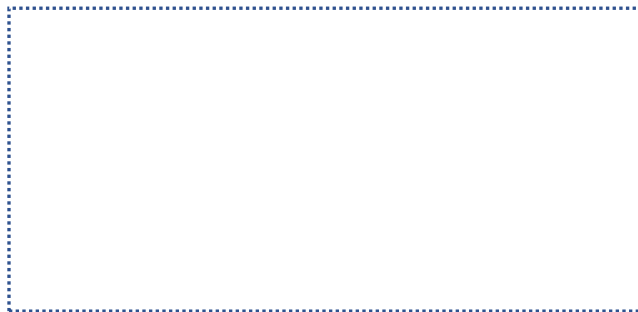
State of Minnesota

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

Signed or attested before me on \_\_\_\_\_ (date) by

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

(Stamp)



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

Notary Public

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