

State of South Dakota
County of _____

I _____ hereby state that the attached instrument is a
Signer's Printed Name
true, exact, complete and unaltered copy of the original document:

Name of Document

Date: _____
Signature

Subscribed and sworn to (or affirmed) before me this _____ day of
_____, 20____.

Notary Seal

Notary Signature

Notary's Printed Name

My Commission Expires: _____