ACKNOWLEDGEMENT OF LIMITED LIABILITY COMPANY AUTHORIZATION SIGNATURE

STATE OF		
COUNTY OF		
On this	day of	, 20, before me
appeared(Name of Offi	cer)	, to me personally known, who being by me duly
sworn, did say that he/she is		, of (Title)
(Name of Company)	,	(Address)
(City & State)	,(Z	, a limited liability company, who has Zip Code)
indicated the he/she is author	ized undeı	r the articles of organization or operating agreement
to execute the attached instru	ment for a	nd on behalf of the limited liability company, and
that he/she hereby executes s	said instrur	ment for and on behalf of the limited liability
company.		
		Notary Public
		County:
		My Commission Expires: