## ASSOCIATION AUTHORIZATION SIGNATURE

STATE OF	<u> </u>
COUNTY OF	
On this day	of, 20, before me
appeared(Name of Officer)	, to me personally known, who being by me duly
sworn, did say that he/she is the _	, of (Title)
(Name of Company),	(Address)
(City & State)	,, a national banking association, who has (Zip Code)
indicated the he/she is authorized	under the articles of organization or operating agreement
to execute the attached instrumen	t for and on behalf of the national banking association, and
	nstrument for and on behalf of the national banking association
	Notary Public
	County:
	My Commission Expires: