

ACKNOWLEDGEMENT OF PARTNERSHIP

AUTHORIZATION SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me
appeared _____,
(Name of Partner)

sworn, did say that he/she is a Partner of _____,
(Name of Partnership)

_____, _____,
(Address) (City & State)

_____, a partnership, who has indicated the he/she is authorized under
(Zip Code)

the articles of organization or operating agreement to execute the attached
instrument for and on behalf of the partnership, and that he/she hereby executes
said instrument for and on behalf of the partnership.

Notary Public

County: _____

My Commission Expires: _____