(ACKNOWLEDGMENT BY LIMITED LIABILITY COMPANY)

STATE OF)				
COUNTY O	F) ss)				
Public in and identified to a limited liabili	for said Sta me (or prove ity company n behalf of sa	te, personated to me or that execuald limited	ally appeared n the oath of uted the instrun l liability comp) to be the nent or the I	person who	, known or , of the executed the to me that such
			re hereunto set ate first above	•	d affixed m	y official
 Notary Public	c for	•••••		•••••		
Residing at:						
My commissi	ion expires:					