

CERTIFICATION OF POWER OF ATTORNEY

State of _____

County of _____

I _____, Notary Public, certify that on _____, I examined the
Name of Notary Date

original power of attorney and the copy of the power of attorney. I further certify that the copy is a true and correct copy of the original power of attorney.

Signature of Notary

Stamp clear impression of notary seal above.

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED

Title of Document

Number of Pages

Document Date

Other Information