

CERTIFICATION OF A COPY OF A ORIGINAL POWER OF ATTORNEY

State of _____

County of _____

I, _____, notary public, certify that on _____,
Name of Notary Date

I examined the 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 Public

(Seal)

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED

Title of Document

Number of pages

Additional Document information

Additional Document information continued