

STATE OF IOWA

THE STATE OF IOWA, COUNTY OF _____

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____

_____ known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of Iowa

My commission expires on _____, 20____.

My office is located at _____, _____, Iowa.

Notary Public in and for the State of Iowa

My commission expires on _____, 20____.

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NOTARY PUBLIC
STATE OF IOWA

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