

STATE OF IDAHO

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_,  
\_\_\_\_\_, personally appeared \_\_\_\_\_  
\_\_\_\_\_, known or identified to me to be the person(s) whose  
name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed  
the same.

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

My commission expires: \_\_\_\_\_

This certificate is attached to a \_\_\_\_\_,

dated \_\_\_\_\_.

Document information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_