## Acknowledgment in an Individual Capacity

| This certificate is attached to a         |                            |      |
|---|----------------------------|------|
| dated                                     |                            |      |
| Document information:                     |                            |      |
|   |                            |      |
|   |                            |      |
| STATE OF MONTANA                          |                            |      |
| COUNTY OF                                 | )                          |      |
| This record was acknowledged before me or | n                          | , by |
|   | ·                          |      |
|   |                            |      |
|   | Signature of Notary Public |      |
|   | Print name                 |      |
|   | My commission expires:     |      |