ACKNOWLEDGEMENT/LIMITED LIABILITY COMPANY/PARTNERSHIP

STATE OF Montana)
ss.
COUNTY OF _____)

This instrument was acknowledged before me a Notary Public for the State of Montana,
on _____, by _____,
known to me to be the _____ of the
_____.

_____
Signature of Notarial Officer

_____
Notary Public for the State of Montana
Residing in: _____
Commission Expires: _____