NAME AFFIDAVIT

Before me, the undersigned authority, this day personally appeared ______________________

(“Affiant”) who being by me first duly sworn, affirmed as follows:

    Affiant is one and the same person as: _______________________________________

____________________________
(SIGNATURE)
____________________________
(PRINT NAME OF AFFIANT)

STATE OF ________________

(Printed name of Notary)

COUNTY OF ________________

Sworn to and subscribed before me this _____day of ____________, 20__, by ____________,
who was personally known to me or who presented ___________________________ as
identification.

Commission No.       (Signature of Notary)
Commission Expiration: ___________________________