| State of | |
|-----------|--|
| County of | |

IDAHO NOTARY ACKNOWLEDGMENT

| On this day of, 20_ | , before me, | [Name of |
|--|-------------------------------|-----------------------------|
| Notary Public], | [Name of Document Signer] | personally appeared |
| virtually/in person and known to me person | | |
| identification, which was | | |
| preceding or attached document, and acki | | |
| purpose. | | |
| paipooo. | | |
| The signer is signing | | |
| (as partner for | a partnership) | |
| (as for | | |
| (as attorney in fact for | | |
| (as an individual on behalf of himself or he | | |
| (as for | |) |
| (40101 | (a) (iiio) | / |
| The document being acknowledged is | . dated | and consisting of |
| pages. | , | |
| pages. | | |
| I certify under penalty of perjury under the | laws of that the | foregoing paragraph is true |
| and correct to the best of my knowledge. | | reregeing paragraph is true |
| and contest to the post of my fallowing ger | | |
| WITNESS my hand and seal. | | |
| William and Joan. | | |
| | | |
| | | |
| Notary Public Signature | _ | |
| . Totally T date Olymana. o | | |
| | | (SEAL) |
| Notary Printed Name | _ | () |
| | | |
| | | |
| Title/Rank, if applicable | _ | |
| , | | |
| | | |
| Registration/Serial Number, Notary ID, or | Bar Number (where applicable) | |
| , , , , , , , , , , , , , , , , , , , | , , , | |
| | | |
| | | |
| My Commission/Appointment Expires | | |
| | | |

The notary public completing this acknowledgement verifies only the identity of the individual who signed the document to which this certification is attached, and not to the truthfulness, accuracy, or validity of the document itself.

