ACKNOWLEDGEMENT/LIMITED LIABILITY COMPANY/PARTNERSHIP

STATE OF Idaho)
ss.
COUNTY OF _____)

On this _____ day of _____, in the year _____, before me, a Notary Public in and for said State, personally appeared _____ _____ , known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument as the _____ of the _____, which is known or identified to me to be the entity whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in said _____ _____.

_____
Notary Public of _____
Residing at: _____
Commission Expires: _____