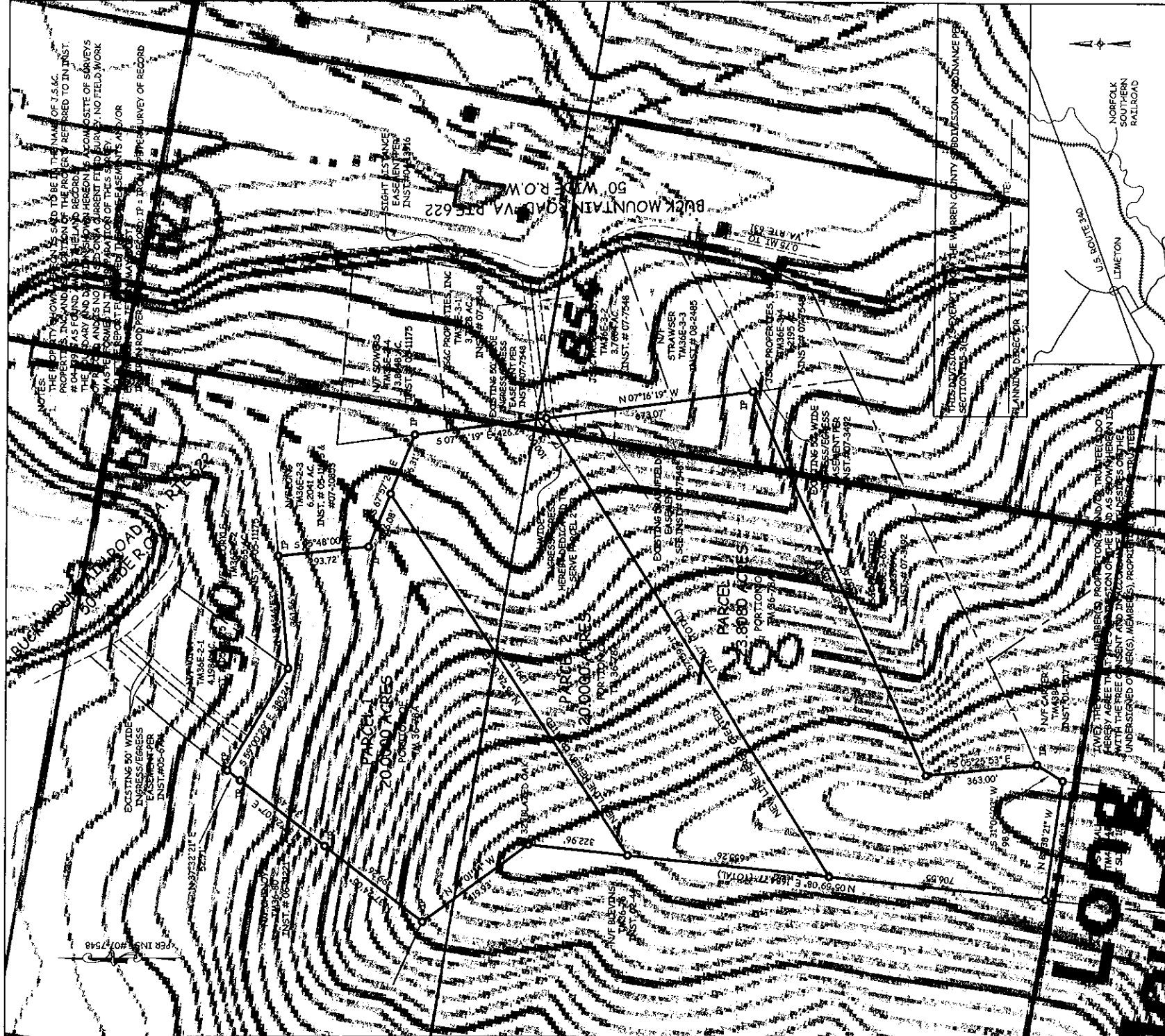




STATE OF VIRGINIA, COUNTY OF _____ TO WIT:

I, _____ A NOTARY PUBLIC FOR THE
AFORESAID STATE AND COUNTY DO CERTIFY THAT _____

WHOSE NAME IS SIGNED TO THE FOREGOING
STATEMENT OF CONSENT, PERSONALLY APPEARED
BEFORE ME AND ACKNOWLEDGED THE SAME
ON _____, 20____.

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____
NOTARY REGISTRATION NUMBER: _____

DATE: _____

