

Power of Attorney Certification

State of California

County of _____

I _____, Notary Public, certify that on _____
Name of Notary Public
_____, I examined the original power of attorney and the copy of the power of
Date
attorney. I further certify that the copy is a true and correct copy of the original power of attorney.

Notary Public Signature

Notary Public Signature
(Stamp clear impression of Notary Public Seal above.)