VERIFICATION ON OATH OR AFFIRMATION

STATE OF INDIANA

COUNTY OF _____

Signed and sworn to (or affirmed) before me on _____ by _____.

NOTARY SEAL

_____
Signature of Notary Public

_____
Printed Name of Notary Public

Commission Number: _____
My Commission Expires: _____
County of Residence/Employment: _____

This is a loose notarial certificate. Attach it securely to the document when a separate certificate is appropriate. The notarial act must match the act required by the document or selected by the signer.