State of California	RIGHT THUMBPRINT (Optional)
County of San Dean	
On 9/18/12 before me, A. La Car te, Motary Public MAMETITLE OF OFFICER-16-"JANE DOE, NOTARY PUBLIC"	TOP OF THUMB HERE
Δ ,	اً ا
personally appeared Nodger H. Wagener	
- Transition of Statement	CAPACITY CLAIMED BY SIGNER(S) SINDIVIDUAL(S) CORPORATE
personally known to me -OR- proved to me on the basis of satisfactory evidence to be the	OFFICER(S) ITITLES PARTNER(S) DIMITED GENERAL
person(≰) whose name(≼) ∥ (s)≱æ subscribed to the	☐ATTORNEY IN FACT
within instrument and	☐TRUSTEE(S) ☐GUARDIAN/CONSERVATOR
acknowledged to me that	OTHER:
authorized capacity(iest;	SIGNER IS REPRESENTING:
and that by his/her/ther	(Name of Person(s) or Entity(ies)
signature (3) on the instrument the person (8),	
A LA CARLES CONTROL Or the entity upon behalf	
COMM. #1288290 of which the person of which th	
My Commission Expires instrument.	RIGHT THUMBPRINT (Optional)
JANUARY 20, 2005	
Witness my hand and official seal.	<u> </u>
$\sim 10^{-1}$	THUMS HER
(1)/(1)	
(SEAL)	90 90
(SIGNATURE OF NOTARY)	
	CAPACITY CLAIMED BY SIGNER(S)
	□INDIVIDUAL(S) □CORPORATE
ATTENTION NOTARY	
The information requested helps, and in the polymer to the disht is OPTIONAL	OFFICER(S)
The information requested below and in the column to the right is OPTIONAL. Recording of this document is not required by law and is also optional.	1
It could, however, prevent fraudulent attachment of this certificate to any	□PARTNER(S) □LIMITED □GENERAL
unauthorized document.	□ATTORNEY IN FACT
THIS CERTIFICATE Title or Type of Document Warranty Deri	☐TRUSTEE(S)
MUST BE ATTACHED TO THE DOCUMENT Number of Pages \ Date of Document \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐GUARDIAN/CONSERVATOR ☐OTHER:
DESCRIBED AT RIGHT:	
Signer(s) Other Than Named Above	SIGNER IS REPRESENTING:
	(Name of Person(s) or Entity(ies)
	i
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