ALL-PURPOSE ACKNOWLEDGMENT

State of California County of	ss.
On $5-3-07$ before me, personally appeared William V.	Cossandra Lang, Notary Ru Troppo
CASSANDRA L. LONG Comm. # 1576249 NOTARY PUBLIC - CALIFORNIA Oronge County My Comm. Expires June 3, 2009	proved to me on the basis of satisfactor evidence to be the person(s) whose name(is/are subscribed to the within instrument ar acknowledged to me that he/she/they execute the same in his/her/their authorize capacity(ies), and that by his/her/the signatures(s) on the instrument the person(s or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.
	Dasanda J. A.
The information below is not required by law. Howeve	NFORMATION
The information below is not required by law. Howeve edgment to an unauthorized document.	r, it could prevent fraudulent attachment of this acknow
The information below is not required by law. Howeve	
The information below is not required by law. Howeve edgment to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL	r, it could prevent fraudulent attachment of this acknow
The information below is not required by law. Howeve edgment to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER	r, it could prevent fraudulent attachment of this acknow DESCRIPTION OF ATTACHED DOCUMENT
The information below is not required by law. Howeve edgment to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER THUE(S) PARTNER(S) ATTORNEY-IN-FACT	DESCRIPTION OF ATTACHED DOCUMENT TITLE OR TYPE OF DOCUMENT
The information below is not required by law. Howeve edgment to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER PARTNER(S) ATTORNEY-IN-FACT TRUSTEE(S)	DESCRIPTION OF ATTACHED DOCUMENT TITLE OR TYPE OF DOCUMENT
The information below is not required by law. Howeve edgment to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER THUE(S) PARTNER(S) ATTORNEY-IN-FACT	DESCRIPTION OF ATTACHED DOCUMENT TITLE OR TYPE OF DOCUMENT
The information below is not required by law. However edgment to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER THUE(S) PARTNER(S) ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR	TITLE OR TYPE OF DOCMENT NUMBER OF PAGES

APA 5/99

VALLEY-SIERRA, 800-362-3369