A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	
State of California) County of Repts(d)) On Venucky 12, 2015 before me, Victor	ria A Leonard Dotary Public.
Date	Here Insert Name and Title of the Officer (Q) Name(s) of Signer(s)
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/a/e subscribed to the within instrument and acknowledged to me that he/s/re/th/ey executed the same in his/her/th/eir authorized capacity(ips), and that by his/her/th/eir signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
O	certify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct.
VICTORIA A. LEONARD Commission # 1931906	ignature Signature of Notary Public
Place Notary Seal Above OPTIONAL	
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.	
Title or Type of Document: Signer(s) Other Than	Named Above: Named Above: Named Above:
Capacity(ies) Claimed by Signer(s) Signer's Name: Kon State (Late Cut) Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:	Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Mttorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing: