□ Guardian or Conservator

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 <u>You Rhanding</u> 30 3033 before me, makelle Lip DAINE, IL VIIIII Here Insert Name and Title of the Officer personally appeared who proved to me on the basis of satisfactory evidence to be the person(x) whose name(x) (s) are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his/her/their authorized capacity(ies), and that by his her their signature on the instrument the person(s), or the entity upon behalf of which the person(x) acted, executed the instrument. MICHELLE LYN DEANE I certify under PENALTY OF PERJURY under the Notary Public - California San Bernardino County Commission # 2388260 laws of the State of California that the foregoing paragraph is true and correct. Comm. Expires Dec 25, 2025 WITNESS my hand and official seal. Place Notary Seal and/or Stamp Above **OPTIONAL** Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: \(\frac{\mathcal{M}}{\mathcal{M}} \) Document Date: _ Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: □ Corporate Officer – Title(s): □ Corporate Officer – Title(s): _ ☐ Partner — ☐ Limited ☐ General \square Partner – \square Limited \square General □ Individual □ Attorney in Fact □ Individual ☐ Attorney in Fact

□ Trustee

Signer is Representing:

□ Other:

□ Guardian or Conservator

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Signer is Representing:

□ Trustee

☐ Other: