

VERIFICATION UPON OATH OR AFFIRMATION

State of Washington

County of _____

Signed and sworn to or affirmed before me on this ____ day of _____, 20____,

by _____.

Notary Public Signature

Name Printed | Title: NOTARY PUBLIC

My appointment expires

This notarization is attached to a _____

Making this page _____ of _____

Customer selected notary language: _____