NEVADA SHORT-FORM ACKNOWLEDGMENT BY REPRESENTATIVE N.R.S. 240.1665

State of Nevada ss.					
County of					
	This ins	trument was acl	knowledged l	pefore me	
	on			,	
			Day		
	by			as	
		Name of Signer Type of Authority, e.g., Officer, Trustee, etc.			
	Тур				
	of				
	of Name of Party on Behalf of Whom Instrument Was Executed				
Place Notary Seal and/or Stamp Above		Signature of N	Notary Public		
0	PTIONAL —				
Completing this information confident fraudulent reattachment of the					
Description of Attached Document					
Title or Type of Document:					
Document Date:		Number of Pag	ges:		
Signer(s) Other Than Named Above:					