The attorney-in-fact acknowledges that the signature below is his/her/their signature.

*[Attorney-in-Fact] [Date]*

STATE OF OREGON )

) ss.

County of )

*[Insert name of Attorney-in-Fact]* personally appeared before me who, being duly sworn, did say and acknowledge that the following signature is his/her/their signature.

SUBSCRIBED AND SWORN to before me this day of , .

NOTARY PUBLIC FOR OREGON

My commission expires:

**IMPORTANT NOTICES**

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