

State of Montana
County of _____

This instrument was signed or acknowledged before me on _____

by _____ acting in the capacity of _____
Print name of signer(s)

_____ on behalf of _____
Print name of entity

Notary Signature
Affix seal/stamp as close to signature as possible
[Montana notaries must complete the following if not part of stamp]

Printed Name
Notary Public for the state of _____
Residing at _____
My Commission expires: _____, 20_____

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County of _____

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