NEW YORK STATE ACKNOWLEDGEMENT

State of New York )
       ) SS:
County of_______)

On the_____day of ________, in the year________, before me, the undersigned, personally appeared

NAME(S)

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument

_______________________________   __________________________
Notary                                           Signature of

Stamp or seal containing printed name, county of qualification of notary public and expiration date of notary commission