NAME AFFIDAVIT

Before me, the undersigned authority, this day personally appeared ______________________
(“Affiant”) who being by me first duly sworn, affirmed as follows:

    Affiant is one and the same person as: _______________________________________

____________________________                    (SIGNATURE)
____________________________                    (PRINT NAME OF AFFIANT)

STATE OF ________________    (Printed name of Notary)
COUNTY OF ________________

Sworn to and subscribed before me this _____day of ______________, 20__, by ___________________,
who was personally known to me or who presented ________________________ as
identification.

Commission No.       (Signature of Notary)
Commission Expiration: