Verification on Oath or Affirmation

| State of OREGON | |
|---|--------------------------|
| County of | |
| Signed and sworn to (or affirmed) before me on (date), 20 | |
| by (name(s) of individuals making statement) | |
| | |
| Notary Public - State of Oregon | |
| Official Stamp | |
| | |
| | |
| | |
| | |
| Document Description | |
| This certificate is attached to page of a | (title or |
| type of document), dated, 20 | _ , consisting of pages. |