

STATE OF OHIO

CASINO CONTROL COMMISSION



CASINO GAMING EMPLOYEE

LICENSE APPLICATION

CASINO GAMING EMPLOYEE LICENSE APPLICATION INSTRUCTIONS

I. COMPLETING THIS APPLICATION

- A. You are to complete this application if you are:
1. Required to obtain and maintain a Casino Gaming Employee License pursuant to R.C. 3772.131 and Ohio Adm.Code 3772-8-01; or
 2. Directed to do so by the Commission.
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. **Note: The Commission will not review your application unless you provide a response to every question.**
- C. All entries on this application must be legible. **Note: The Commission will not review your application if it is illegible or if you have modified any of the questions or pre-printed information in this application.**
- D. If the space available is insufficient to respond to a question, supply the required information on a separate page titled "Further Response Page" wherein you clearly identify the question(s) you are answering. The Further Response Page, if needed, should be attached to the back of the application and be placed in front of all requested exhibits that apply to the applicant.
- E. Label all requested exhibits that apply to the applicant with the specified exhibit number and attach them, in the order that they are requested, to the back of the application. **Note: Only those exhibits that apply to the applicant should be attached to this application.**

II. BEFORE YOU SUBMIT THIS APPLICATION TO THE COMMISSION, BE SURE THAT:

- A. All attachments required in this application are labeled with the correct title or exhibit number and are included in the application filed with the Commission.
- B. You have signed and notarized the Statement of Truth and Release Authorization forms included with this application.
- C. You have answered every question completely.
- D. You initial and date each page of this application, **except the cover page**, in the spaces provided.
- E. You retain a completed copy of this application for your own records.

III. FILING THIS APPLICATION WITH THE COMMISSION

- A. A complete application for a Casino Gaming Employee License consists of this application, all attachments, and the application fee. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
- B. The fees relating to a Casino Gaming Employee License are as follows:
1. An applicant for an initial or new Casino Gaming Employee License must pay a nonrefundable application fee of \$250;
 2. An applicant for a renewal Casino Gaming Employee License must pay a nonrefundable renewal application fee of \$100;

3. In the event that the costs incurred by the Commission in the course of investigating an applicant's background exceed the applicable application fee, the Commission may, upon written notice, charge an additional fee to cover the actual costs of investigation;
 4. An applicant for an initial, new, or renewal Casino Gaming Employee License must pay a \$47.25 criminal-records check fee, as required by R.C. 3772.07;
 5. Upon the Commission's approval, an initial or new applicant for a Casino Gaming Employee License must pay a nonrefundable license fee of \$250;
 6. Upon the Commission's approval, a renewal applicant for a Casino Gaming Employee License must pay a nonrefundable renewal license fee of \$50;
 7. Upon the Commission's approval, an initial, new, or renewal applicant for a Casino Gaming Employee License must pay an eLicense transaction fee of \$3.50.
- C. If you are seeking an initial, new, or renewal Casino Gaming Employee License and you have received an offer of employment from or are currently employed by a casino in Ohio:
1. You must consult with the casino for specific instructions on how and where to submit your application.
 2. You do not need to enclose payment at the time you submit the application. The casino that either indicated an offer of employment to you or that currently employs you has agreed to pay the application fee on your behalf. However, depending upon company policies that are wholly outside the control of the Commission, the casino may choose to seek reimbursement from you for the amount of the fee paid on your behalf.
- D. If you are seeking an initial, new, or renewal Casino Gaming Employee License and you have **not** been offered employment with or are **not** currently employed by a casino in Ohio, contact the Commission's Division of Licensing and Investigations at (614) 387-5688, toll free at (855) 800-0058, or cac.licensing@casinocontrol.ohio.gov for information regarding the submission of a completed application and all attachments and payment of the applicable application fee. Unless otherwise approved by the executive director, all fees must be submitted in the form of an electronic funds transfer payable to the treasurer of the state of Ohio.

IV. BACKGROUND INVESTIGATIONS

- A. Along with a completed application, you will be required to be fingerprinted so that the Commission can initiate a criminal-records check as part of the investigation of your suitability for a Casino Gaming Employee License.
- B. If you are seeking an initial, new, or renewal Casino Gaming Employee License and you have received an offer of employment from or are currently employed by a casino in Ohio:
1. You will be notified of a time and date to report to the casino that offered you employment so that fingerprints can be obtained.
 2. There is a separate fee for the criminal records check. You do not need to enclose payment at the time you file the application. The casino has agreed to pay the fee on your behalf. However, depending upon company policies that are wholly outside the control of the Commission, the casino may choose to seek reimbursement from you for the amount of the fee paid on your behalf.
 3. To establish your identity, you must present the original document(s) listed below:
 - a. A current and valid U.S. passport **OR** Certificate of Naturalization **OR** a current identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes, and address.
 - b. If the items above are not available, any two of the following current and valid documents:
 - i. A government-issued birth certificate with an official seal;

- ii. A government-issued driver's license that has a photograph and/or identifying information;
- iii. A military-issued identification card that has a photograph and/or identifying information;
- iv. A foreign passport with a proper USCIS authorization;
- v. Any other government-issued identification card that has a photograph and/or identifying information; or
- vi. Any other form of identification deemed appropriate by the Commission.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court-ordered name change, marriage certificate, or divorce decree to establish the reason for the different name.

- C. If you are seeking an initial, new, or renewal Casino Gaming Employee License and you have **not** been offered employment with or are **not** currently employed by a casino in Ohio, contact the Commission's Division of Licensing & Investigations at (614) 387-5688, toll free at (855) 800-0058, or cac.licensing@casinocontrol.ohio.gov for more information about the criminal records check and associated fee, including the amount and acceptable methods of payment.

V. DUTY TO UPDATE INFORMATION

- A. Any person who applies for **or** holds a Casino Gaming Employee License has a continuing duty to update changes to any of the information that they are required to provide or have provided to the Commission, including information contained in this application as well as information required by Ohio Adm.Code 3772-8-04.
- B. To fulfill this continuing duty to update, the person must:
 - 1. Submit information about the change to the Commission **in writing** and no later than **ten days** after the change occurs; and
 - 2. Include their name and license number (if applicable).

VI. IMPORTANT NOTICES

- A. Should you be unable to fully understand this application in English, it is your responsibility to obtain adequate means of interpretation or translation, as applicable.
- B. All notices regarding your application will be sent to the address that you provide on this application. You must notify the Commission of any change of address in accordance with Ohio Adm.Code 3772-8-04.
- C. The Commission will not issue a Casino Gaming Employee License to a person who:
 - 1. Has a conviction of a disqualifying offense, as defined and prohibited by sections 3772.07 and 3772.10 of the Revised Code, and as determined by the Commission under section 9.79 of the Revised Code;
 - 2. Has submitted an application that contains false information;
 - 3. Owns an ownership interest that is unlawful under R.C. Chapter 3772, unless waived by the Commission;
 - 4. Violates specific rules adopted by the Commission related to denial of licensure;
 - 5. Is a member of or employed by a gaming regulatory body of a governmental unit in Ohio, another state, or the federal government, or is an employee of a governmental unit of Ohio and in that capacity has significant influence or control, as determined by the Commission, over the ability of a casino operator,

management company, holding company, institutional investor, or gaming-related vendor to conduct business in Ohio;

6. Is not at least twenty-one years of age; or
 7. Is otherwise ineligible for licensure as determined by the Commission.
- D. Pursuant to R.C. 3772.16, certain information submitted, collected, or gathered as part of the application and licensing process for a Casino Gaming Employee License is confidential and not subject to disclosure as a record under R.C. 149.43, except to the extent permitted by the Ohio Public Records Act and R.C. 3772.16
- E. In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, the Commission will use your social security number to obtain and verify information in your application. The absence of a social security number on the application may, however, delay the final determination of your application. **Note: If your social security number is provided, it will not be disclosed by the Commission as part of any public record.**
- F. A Casino Gaming Employee License expires **three years** after the date of licensure. Renewal of a Casino Gaming Employee License may be requested by submitting a completed Casino Gaming Employee License Application no less than **one hundred twenty days** before expiration of the License and paying the application fee, in the manner outlined under the Casino Gaming Employee License Application Instructions.
- G. Any Casino Gaming Employee License issued by the Commission is a revocable privilege and is not transferable. No licensee has a vested right in or under a Casino Gaming Employee License issued by the Commission.

[Remainder of page intentionally left blank.]

CASINO GAMING EMPLOYEE LICENSE APPLICATION

PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE: SR., JR., ETC., IF APPLICABLE)		FIRST	MIDDLE		
MAILING ADDRESS: (NUMBER AND STREET)	(APT#)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE)
HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS)	(APT#)	(CITY)	(COUNTY)	(STATE)	(ZIP CODE)
HOME TELEPHONE NUMBER	CELLULAR OR ALTERNATIVE TELEPHONE NUMBER		EMAIL		
DATE OF BIRTH: (MO) (DAY) (YEAR)	HEIGHT: (FT-IN)	WEIGHT: (LBS)	SOCIAL SECURITY NUMBER*		
HAIR COLOR	EYE COLOR	SEX			
DRIVER LICENSE NUMBER	ISSUING JURISDICTION	ISSUE DATE	EXPIRATION DATE		

*Under the Federal Privacy Act, Disclosure of your Social Security Number is voluntary. See Part VI, Paragraph D of the Instructions for more information.

Have you ever been known by any other name or names? YES NO If YES, list the additional names below **and** specify dates of use for each. (Include: maiden name, aliases, nicknames, or any other name associated with you.)

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION

MANUALLY AFFIX OR ELECTRONICALLY INSERT A COLOR, IDENTICAL, AND TAKEN WITHIN THE PAST 6 MONTHS 2" X 2" WITH A FULL-FACE, FRONT VIEW PHOTOGRAPH HERE

1. I am applying for a(n):

- Initial or New License (check this box if you have never applied for **or** do not currently have an active Ohio Casino Gaming Employee License)
- Provisional License* (check this box if you checked the Initial or New License box **and** you have a provisional request letter from the casino)
- Renewal License (check this box if you have an active Ohio Casino Gaming Employee License and wish to renew it)

*Any person seeking a Provisional Casino Gaming Employee License **must** attach the casino's provisional request letter to this application, **labeled as Exhibit 1**.

2. Are you a citizen of the United States? YES NO

3. If you are a naturalized citizen of the United States, attach to this application, **labeled as Exhibit 2**, a copy of your Certificate of Naturalization or valid U.S. passport.

4. If you are not a citizen of the United States, indicate:

A. The country of which you are a citizen: _____

B. Place of birth: _____

C. Port of entry to the United States: _____

5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, provide a copy of your USCIS identification card and/or any other USCIS document that permits, conditions, or restricts your employment, **labeled as Exhibit 3**.

6. Have you ever served in a military organization of any country or have you been a member of a reserve force of any country? YES NO

If YES, provide the following information:

Country of Service: _____ Branch of Service: _____

Service ID # (or equivalent): _____ Highest Rank Held: _____

Period(s) of Service: From: _____ To: _____

From: _____ To: _____

Country of Service: _____ Branch of Service: _____

Service ID # (or equivalent): _____ Highest Rank Held: _____

Period(s) of Service: From: _____ To: _____

From: _____ To: _____

[Question 6 continued on the next page.]

DATE OF EACH DISCHARGE/SEPARATION	TYPE OF EACH DISCHARGE/SEPARATION

Attach a copy of your DD-214, NGB-22, or other official documentation evidencing each discharge or separation of service listed above.* If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of this documentation.

*If your military service was in a country other than the United States, you **must** provide a copy of whatever official documentation was provided to you at the time of your discharge or separation of service. If no official documentation is available, provide a detailed explanation of the nature of and reason for your discharge or separation of service as well as an explanation as to why no official documentation can be provided.

7. Have you ever been arrested or charged by a military organization or been tried by military court martial or another official military tribunal? YES NO

If YES, provide a detailed explanation on a separate sheet, wherein you describe the (1) nature of the charge or arrest, (2) date and location of the charge or arrest, (3) name of the military organization filing the charges, (4) disposition (convicted, acquitted, dismissed, pleading, etc.), and (5) sentence (if applicable), and attach it to this application, **labeled as Exhibit 4.**

Question 8 below asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

DEFINITIONS:

For purposes of this question:

- A. **“Arrest”** includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”
- B. **“Charge”** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- C. **“Convict”** includes the finding of guilty of any “offense” upon a trial, a plea of guilty, or a plea of no contest.
- D. **“Offense”** includes all felonies, crimes, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, driving under suspension offenses, violation of probation or any other court order, as well as offenses that may have required a person to appear before a law enforcement agency, state or federal grand jury, county court, municipal court, city court, military court, or any other court not included in this list.
 - 1. Juvenile offenses that occurred within the most recent ten-year period are also included within the definition of “offense.”
 - 2. “Offense” does **not** include traffic offenses that are classified as a minor misdemeanor.

[Instructions and Question 8 continued on the next page.]

INSTRUCTIONS:

A. Answer "YES" and provide all information to the best of your ability EVEN IF:

1. You did not commit the offense charged;
2. The charges were dismissed or subsequently downgraded to a lesser charge;
3. You completed a diversionary program or the equivalent thereof;
4. You were not convicted;
5. You did not serve any time in prison or jail; or
6. The charges or offenses happened a long time ago.

B. Answer "NO" IF:

1. You have never been arrested or charged with any crime or offense; or
2. All records relating to each charge, arrest, or conviction have been expunged or otherwise officially sealed by a court, government agency, or other regulatory authority.

8. Have you **ever** been arrested for, charged with, or convicted of **any offense in any jurisdiction (including Ohio)**? YES NO

If YES, complete the following chart:

DESCRIPTION OF OFFENSE AND LOCATION WHERE OFFENSE OCCURRED	DATE OFFENSE OCCURRED	NAME AND ADDRESS OF ANY INVESTIGATING AGENCY, ARRESTING AGENCY, CHARGING AGENCY, AND PROSECUTING AGENCY	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

9. Have you ever been issued, **in any jurisdiction (including Ohio)**, a gaming, professional or other occupational license, permit, registration, certification, or other authorization? YES NO

If YES, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION NUMBER	NAME OF LICENSEE AT TIME OF ISSUANCE*	AGE OF LICENSEE AT TIME OF ISSUANCE

*Provide all names, including former names, under which the license was issued

10. Have you ever had any gaming-related (or other professional or occupational) application, license, permit, registration, certification, or other authorization restricted, suspended, rejected, revoked, or denied by any governmental agency or gaming regulatory authority? YES NO

If YES, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	TYPE OF APPLICATION, LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	TYPE OF ACTION (RESTRICTION, SUSPENSION, REJECTION, REVOCATION, OR DENIAL)	DATE AND DURATION OF RESTRICTION, REJECTION, SUSPENSION, REVOCATION, OR DENIAL	CAUSE(S) OF RESTRICTION, SUSPENSION, REJECTION, REVOCATION, OR DENIAL

11. Have you ever been fined by, penalized by, or entered into any settlement with any governmental agency or gaming regulatory authority regarding a gaming-related matter? YES NO

If YES, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	DATE OF FINE, PENALTY, OR SETTLEMENT	TERMS OF THE FINE, PENALTY, OR SETTLEMENT	CAUSE(S) OF FINE, PENALTY, OR SETTLEMENT

12. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past five years. Ensure that there are no gaps in the five-year history.

DATES (MO/YR) FROM TO		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY, ZIP CODE)	TELEPHONE NUMBER

13. Check your current marital status:

- Single
 Married
 Legally Separated
 Divorced
 Widow/Widower

A. Provide the name of your present spouse: _____

B. List all former spouses: _____

14. In the chart below, provide the information regarding your employment for the past five years. Begin with your present job and work backwards. Include all part-time and full-time employment and any military service. Give dates of any unemployment between jobs or while a student in proper sequence. Note by means of an asterisk (*) any gaming-related employment (e.g., casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.). Ensure that there are no gaps in the five-year history.

DATES (MO/YR)		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE(S)/POSITION(S) HELD	REASON FOR LEAVING
FROM	TO				

15. Have you ever been suspended, discharged, or asked to resign from any gaming-related employment position?
 YES NO

If YES, provide a detailed explanation on a separate sheet and attach it to this application, **labeled as Exhibit 5.**

16. A. Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, and any other civil or administrative matter). YES NO

B. Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, and any other financial judgment). YES NO

If YES to either Question 16A or 16B, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION	DATE OF DISPOSITION

*In addition to those listed in the chart, financial liens or judgments older than ten years may be asked about if they are found to be unresolved or outstanding.

17. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**? YES NO

If YES, provide the following with respect to **the last ten years**:

A. Number of times you have filed for bankruptcy or insolvency (including all dismissals and discharges)? _____

B. Number of times you have been adjudicated bankrupt or insolvent? _____

18. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**? YES NO

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF OBLIGATION HOLDER

19. Do you have any ownership interest, financial interest, or financial investment (**other than though passive investing***) in any business entity applying to, or presently licensed by, the Commission? YES NO

*Passive investing means any investment that you have by means of a mutual fund in which you lack control of the investment or investment decisions.

If YES, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST	% OF OWNERSHIP IN THE BUSINESS ENTITY

OHIO CASINO CONTROL COMMISSION

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies - federal, state and local, without exception, both foreign and domestic,

I, _____, have authorized
(Printed Name of Applicant)

the Ohio Casino Control Commission, a law enforcement agency, to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or provisional licensee.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

(Signature of Applicant)

(Date)

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

OHIO CASINO CONTROL COMMISSION

AUTHORIZATION TO RELEASE CRIMINAL RECORD

The undersigned applicant hereby agrees to the release of criminal record information to the Ohio Casino Control Commission, a law enforcement agency, in order for the Executive Director of the Commission to conduct all necessary and required background checks.

The Executive Director may request the Bureau of Criminal Identification and Investigation, the Ohio State Highway Patrol, or any other state, local, or federal agency to supply the criminal records of any applicant. The applicant is required to be fingerprinted. **Failure to comply will result in a license not being issued to the applicant.**

The applicant further agrees that the Executive Director may make investigations in order to satisfy the conditions for licensure. These investigations may include, without limitation, credit reviews, inspections of applicant's premises, and inspection of law enforcement and other official records. The applicant acknowledges reading and understanding the conditions set forth in this authorization and agrees to observe and be bound by them. The applicant acknowledges that the Commission is not obligated to issue a license and can suspend or revoke the license in accordance with R.C. 3772.04 and the rules adopted thereunder. Each holder of a license agrees to be bound by and observe the terms and conditions on the application and in R.C. Chapter 3772 and Ohio Adm.Code 3772.

THIS FORM MUST BE COMPLETED AND NOTARIZED

Printed Name of Applicant Date Date of Birth Social Security Number*

Signature of Applicant

*Under the Federal Privacy Act, Disclosure of your Social Security Number is voluntary. See Part VI, Paragraph D of the Instructions for more information.

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

OHIO CASINO CONTROL COMMISSION

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, swear (or affirm) that:
(Printed Name of Applicant)

1. I personally supplied and reviewed the information contained in this application, including all attachments, exhibits, and other information requested by or provided to the Commission.
2. I understand and read the English language, or I have had an interpreter or translator (as applicable) read, explain, or record the answer to each question on this application, including all attachments, exhibits, and other information requested by or provided to the Commission.
3. Any document accompanying this application that is not an original document is a true copy of the original document.
4. I am aware that if any of the information contained in this application, including all attachments, exhibits, and other information requested by or provided to the Commission, or in the foregoing statements made by me, is false, my Casino Gaming Employee License Application may be denied.
5. The information contained in this application, including all attachments, exhibits, and other information requested by or provided to the Commission, as well as in the foregoing statements made by me, is true.

Signature of Applicant

Date

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS
_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____