

PROPOSAL

The undersigned hereby certifies that the above is a true and correct copy of the original as shown to the undersigned on the date hereof.

Witness my hand and seal this _____ day of _____, 20____.

| | | |
|-------|---------|------|
| NAME | ADDRESS | CITY |
| STATE | ZIP | |
| PHONE | | |
| FAX | | |
| EMAIL | | |

LINGTON



STATE OF _____

COUNTY OF _____
