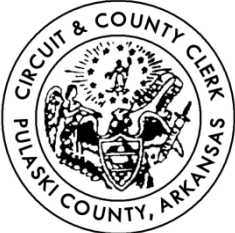


TERRI HOLLINGSWORTH
PULASKI CIRCUIT/COUNTY CLERK



401 WEST MARKHAM STREET, SUITE 100
LITTLE ROCK, ARKANSAS 72201

I, _____, have directed _____
to record my ministerial credentials with the Pulaski County Clerk.

Signature: _____ Date: _____