ARKANSAS NOTARY ACKNOWLEDGEMENT (ATTORNEY IN FACT)

State of Arkansas County of _____

On this the _____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed as attorney in fact for _____, and acknowledged that [he or she] executed the same as the act of [his or her] principal for the consideration, uses, and purposes therein contained.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, 20_____.

Signature of Notary Public

(Seal)

My Commission Expires: _____