

County of Ada)

On this ____ day of _____, 20____, appeared _____,
_____, known to me to be the person whose name is subscribed to the within
instrument as a _____ for the State of Idaho, Department of Health and Welfare,
and acknowledged to me that he executed the same as a _____ for the State of Idaho,
Department of Health and Welfare.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal the
day and year first above written.

Notary Public for Idaho
Commission Expires: _____