

IN WITNESS WHEREOF, the party of the first part has caused this instrument to be executed in its name by Christina A. Sherock, its Assistant Secretary, and attested by Barbara A. Roby, its Assistant Secretary, and its corporate seal to be hereunto affixed this 17th day of October, A.D. 2005.

ATTEST:

[Signature]
Barbara A. Roby
This form was prepared by: Thomas Hallaron
North Corporate Parkway, Mequon, WI 53092

By: *[Signature]*
Christina A. Sherock
address: 12080
tel. no.: 800-458-7280



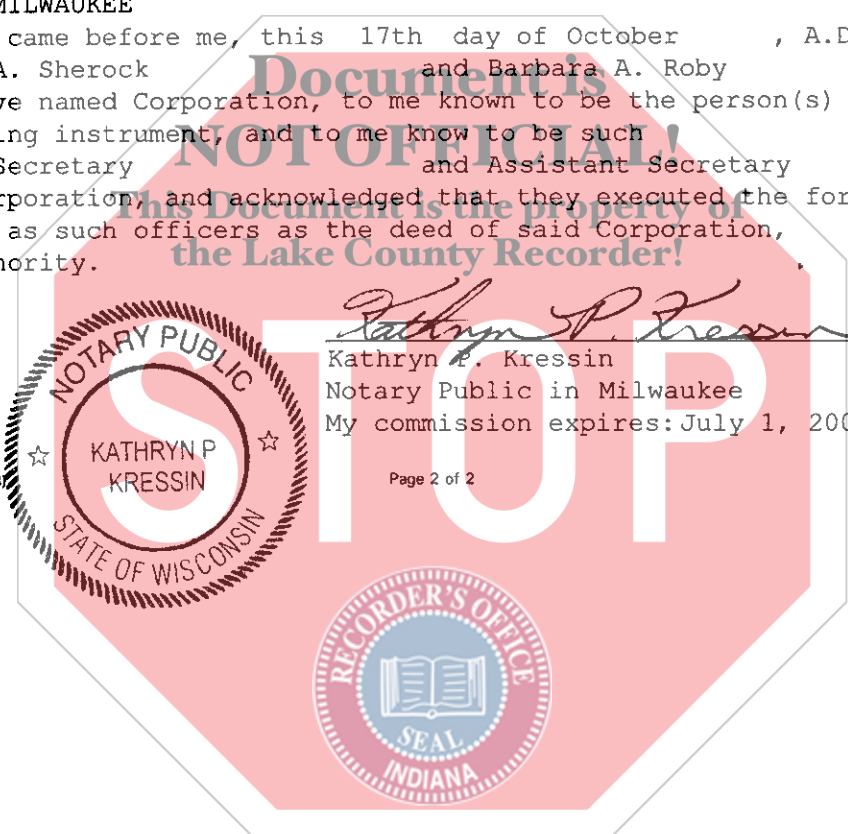
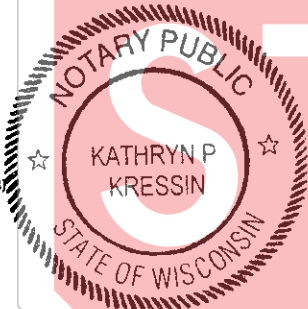
STATE OF WISCONSIN ss.
COUNTY OF MILWAUKEE

Personally came before me, this 17th day of October, A.D., 2005, Christina A. Sherock and Barbara A. Roby of the above named Corporation, to me known to be the person(s) who executed the foregoing instrument, and to me known to be such Assistant Secretary and Assistant Secretary of said Corporation, and acknowledged that they executed the foregoing instrument as such officers as the deed of said Corporation, by its authority.

[Signature]
Kathryn P. Kressin
Notary Public in Milwaukee
My commission expires: July 1, 2007
County

VMP-94(IN) (0308)

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DECLARATION

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Date:

1.30.2006

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

Signature of Declarant

Judy L. Beaudry

Printed Name of Declarant

STOP

