



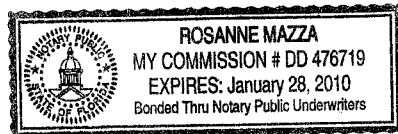
WITNESS my hand and notarial seal this 4th day of September 2009.

Rosanne Mazza  
Notary Public

Printed Name: ROSANNE MAZZA

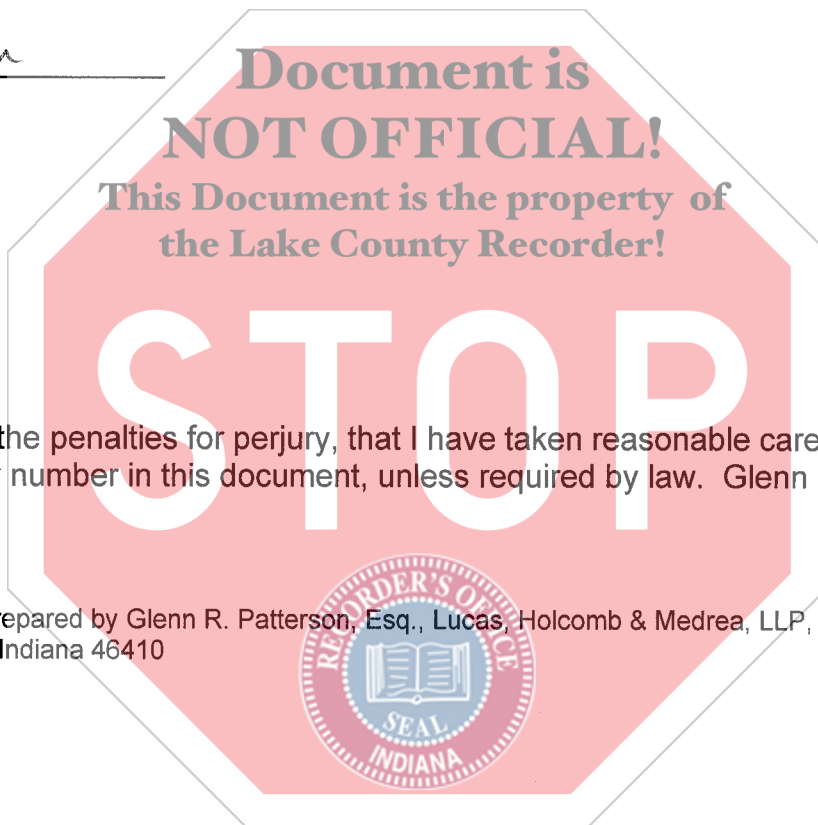
My Commission Expires:

1/28/2010



County of Residence:

Martin



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Glenn R. Patterson

This instrument prepared by Glenn R. Patterson, Esq., Lucas, Holcomb & Medrea, LLP, 300 East 90th Drive, Merrillville, Indiana 46410