



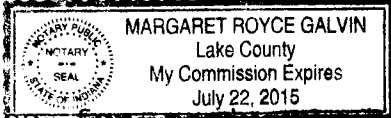
WITNESS my hand and Notarial Seal this 2 day of MARCH, 2013.

My Commission Expires:  
7-22-2015

Margaret Royce Galvin  
NOTARY PUBLIC

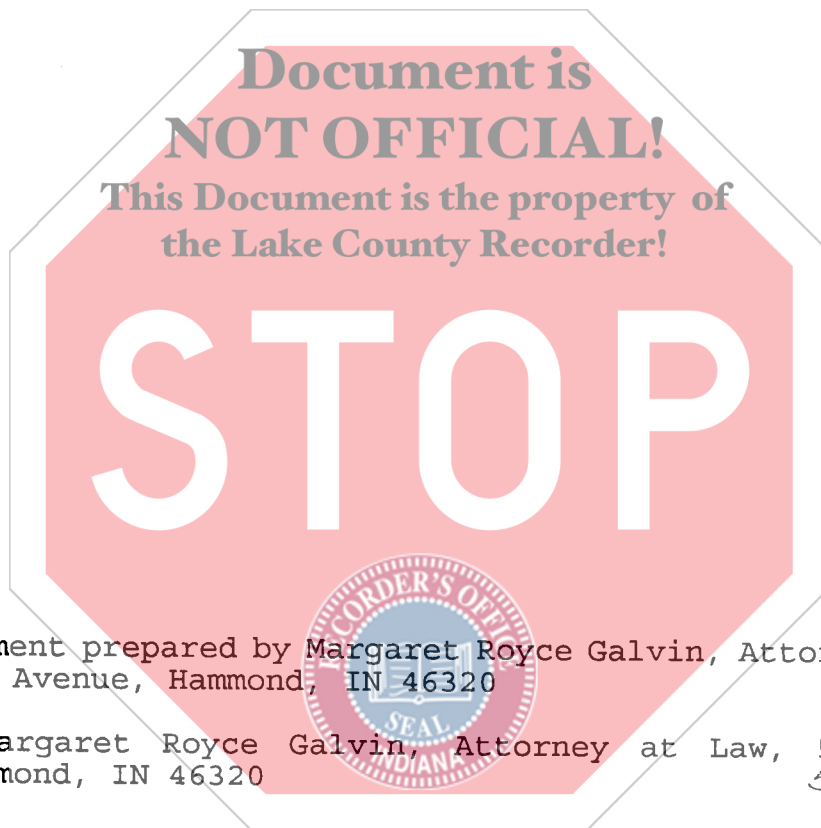
Resident of LAKE  
County, Indiana

MARGARET ROYCE GALVIN  
Notary's Printed Signature



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.

/s/ Margaret Royce Galvin



This instrument prepared by Margaret Royce Galvin, Attorney at Law, ~~523~~ Hohman Avenue, Hammond, IN 46320  
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MAIL TO: Margaret Royce Galvin, Attorney at Law, ~~523~~ Hohman Avenue, Hammond, IN 46320  
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