ESCAPEES SERVICE

ESCAPEES MAIL SERVICE RATES

Category A

Receives all classes of mail

Annual fee	\$110
Postage deposit	\$50
Enrollment fee	\$15
Cancellation fee	\$35
Category A Total	\$210

Package & Certified Fees:

\$.75
\$1.00
\$5.00
\$5.00
\$10.00

Category B

Requests special class of mail

Annual fee\$1 Postage deposit\$ Enrollment fee\$ Cancellation fee\$	50 15
Category B Total\$2	

Category C

Requests special mail sorting please call for more information

Category C Total	\$250
Cancellation fee	\$35
Enrollment fee	\$15
Postage deposit	\$50
Annual fee	\$150

BUSINESS RATES AVAILABLE UPON REQUEST: *If you have a business and would like to receive your business mail through Escapees Mail Service, you MUST call for approval. If you will be receiving final mail for a closed business, please include the business name. If you are going to receive mail addressed to a business name or someone other than yourself or spouse, you must call in for prior approval. You must complete a separate 1583 for each business.

List all names, middle names, former names, maiden names, nicknames, initials, and business names* that might appear on your mail

With proper documentation, also please list, POA, Deceased, Trust etc.

You must be a member of Escapees RV Club to join the Escapees Mail Service. You cannot join the Escapees Mail Service at the Florida or South Dakota locations. Please contact Escapees Mail Service at 936-327-8873 or mailservice@escapeesmailservice.com.

SPECIAL NOTE: Category "A" must receive all mail.

Category "B" and "C" members only: Check the classes of mail you want forwarded:

First-class only	/
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Catalogs

□ Nonprofit □ Magazines □ Newsletters □ Advertisements

es 🛛 Newspapers

□ Travel Guide/Directories

Note: We will continue our policy of forwarding third-class mail that appears to be important, all other mail will be discarded.



Scanning Service Option (First class envelopes only):

If you are interested in mail scanning please call for additional information.

\$10 monthly or \$100 yearly option - \$.50 per page for scanning content of envelope.

We are unable to accept or forward the following items:

• Perishables • Refrigerated • Hazardous • Liquids • Alcohol • Ammunition • Firearms • Tobacco

ESCAPEES MAIL SERVICE AGREEMENT

Member name(s):

Phone #: ____

Email:

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

Terms & Conditions

- This Agreement is made and entered into between Nomad Mail Co. (DBA Escapees Mail Service) and the Member under the terms set forth herein.
 Each individual or entity must complete a separate U.S. Postal Service Form 1583 to be authorized to receive mail or packages at Escapees Mail Service. Photocopies of the identification must be included.
- This Agreement, Form 1583 and your address shall remain confidential; however, this information may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated.
- 4. Member agrees to complete all necessary documents, including Form 1583 and any required acknowledge form relating to service of process. Member further agrees to submit a notarized, updated version of Form 1583, upon request, if any information contained therein changes or expires.
- 5. Member agrees to keep a minimum of \$25 in their postage account. If the account has a negative balance, Escapees Mail Service may suspend service until account is brought current and/or terminate service at its sole discretion.
- 6. Upon expiration, cancellation, or termination of this Agreement, Escapees Mail Service will:
 - a. Forward Member's first-class mail for six (6) months, provided Member pays the postage in advance and supplies a forwarding address. Post Office will not accept a change of address order.
 - b. Discard or destroy any "Unsolicited Mail," e.g., bulk mail, catalogs, etc., delivered to Escapees Mail Service.
 - c. If a member fails or refuses to provide a forwarding address, then his or her mail may be held for up to six months and then
 - returned to sender.
- 7. Six (6) months after the expiration, cancellation, or termination of this Agreement, Escapees Mail Service will refund any unused postage. Escapees Mail Service will return to sender any first-class mail or packages addressed and delivered to the Escapees Mail Service.
- 8. Member agrees that all other fees are non-refundable.
- 9. All Escapees Mail Service accounts with multiple owners are held as joint tenants with rights of survivorship.
- 10. Member agrees that items remaining after 6 months (or 30 days after notice is sent by Escapees Mail Service to Member to remove such items) shall be considered abandoned. Member agrees that Escapees Mail Service at its sole discretion may dispose of any items not picked up or mailed after such time, without any compensation or obligation to Member whatsoever. Member releases Escapees Mail Service from any claims or damages whatsoever from such disposition. Further, Escapees Mail Service may reject, or if accepted, advise Member to remove heavy, oversized, unwieldy or large items, and Member shall do so within 30 days of such notice or be charged a storage fee determined by Escapees Mail Service.
- 11. The Postal or Escapees Mail Service may return mail without a proper address, endorsed "Undeliverable as Addressed."
- 12. A PMB may not be used for, or in connection with, a scheme or enterprise that violates any federal, state, or local law.
- See www.federalregister.gov/d/2023-10536/p-35
- 13. THESE TERMS AND CONDITIONS ARE CHANGEABLE AT ANY TIME AT THE SOLE DISCRETION OF ESCAPEES MAIL SERVICE.

Disclaimer and Waiver of Damages: Escapees Mail Service shall have no liability for damages, direct, indirect, consequential or otherwise to any person, authorized agent, organization, or institution as a result of the use of this service, and Member waives and releases all such claims for damages. Notwithstanding such, Member agrees that Escapees Mail Service's maximum liability, if any shall not exceed \$25, irrespective of any claim or category, including attorney's fees. THIS AGREEMENT IS GOVERNED BY TEXAS LAW AND EXCLUSIVE JURISDICTION AND VENUE RELATING IN ANY WAY TO THIS AGREEMENT, INCLUDING DISPUTES, SHALL LIE SOLELY IN SAN ANTONIO, BEXAR COUNTY, TEXAS.

Acknowledgement: I have read and agree to the terms and conditions of this contract.

gnature of Owner	Date S	Signature of Owner	Date
EMERGENCY RECOR	D INFORMATION SHEET In Case O	f Emergency, Please Notify: (Do Not List	Account Holders)
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
In the event of member's death or incaption if provided will supersede this.	pacity, I authorize the following person as my	authorized agent for purposes of this agreen	nent; however, legal documenta-
Name:	Phone:	Relationship:	
Escapees Mail Service will release you	ir location to law enforcement personnel w	vith proper documentation.	
uthenize Econoce Mail Convice to chan			
authorize Escapees Mail Service to char		Scanning Service— 🔲 \$10 Monthly, 🔲 \$	100 Vearly

SKP#: _

PMB:

Date processed: ____

ESCAPEES	
MAILS	ERVICE

Internal Use Only



100 Rainbow Drive, Livingston, Texas 77399 • 936-327-8873 • Fax 936-327-4388 • www.escapeesmailservice.com

Thank you for applying to Escapees Mail Service!

The Escapees Mail Service is a licensed commercial mail receiving agency (CMRA) and must abide by U.S. Postal Service regulations.

In order to be issued an address with Escapees Mail Service, postal regulations require that we have a completed Postal Service form 1583 for each person and/or business for whom we are receiving mail.

Each form must have a notarized signature of the person making application, plus photocopies of two forms of identification, see 1583 for acceptable forms of identification. If you are applying for the mail service while at Escapees Mail Service in Livingston, Texas, a notary is not required.

Once Escapees Mail Service has issued your unique address that includes your PMB number (personal mail box number), you can then submit a change of address with the <u>United States</u> <u>Postal Service</u> (USPS).

We have attached Postal Forms 1583, along with instructions. Please return them promptly, along with the mail service agreement, so we may issue your unique address. If you have any questions, please call 936-327-8873.

Thank you. Escapees Mail Service

ESCAPEES SERVICE

INSTRUCTIONS FOR COMPLETING POSTAL FORM #1583

THIS IS NOT AN ADDRESS CHANGE FORM

The following numbers correspond to the numbered items on the form 1583.

Box 1	Internal Use Only
Box 2	Internal Use Only
Вох З	Select Business/Organization Use (See Footnote 2) or Residential/Personal Use (See Footnote 3)
Box 4	EACH APPLICANT (INCLUDING SPOUSES) MUST COMPLETE A SEPARATE 1583 Name of applicant. Name must match ID in Box 8e Address of applicant (See Footnotes 1 & 4) Address must match ID in Box 9g Is applicant a court-ordered protected individual? If yes, attach copy of the court order.
Box 5	DO NOT LIST APPLICANT INFORMATION IN THIS SECTION (See footnote 5) Authorized individual (a person who is authorized to pick up mail for the pmb holder/applicant) Authorized individual must also complete sections 10 & 11 Complete all fields/boxes
Box 6	Internal Use Only
Box 7	Applicant Business Name and address (See Footnote 1) Separate 1583 form for each business Complete all field/boxes Place of registration (See Footnote 8)
Box 8	Photo ID for applicant (See Footnote 9) 8e photo ID type (See Footnote 10)
Box 9	Address ID for applicant (See Footnote 11) CAN'T BE THE SAME AS ID IN BOX 8 Address must match ID in Box 9g 9g Address ID type (See Footnote 10)
Box 10	Section 10 should only be completed if you have an Authorized individual listed in Box 5. (See Footnotes 9 & 12)
Box 11	Section 11 should only be completed if you have an Authorized individual listed in Box 5. (See Footnotes 11 & 1)
Box 12	List names of minor children receiving mail (See Footnote 13)
Box 13	DO NOT SIGN UNTIL YOU APPEAR BEFORE A NOTARY OR YOU ARE APPLYING IN PERSON AT ESCAPEES MAIL SERVICE IN LIVINGSTON, TEXAS
Box 14	Escapees employee will sign here.
Page 2	Notary will sign here.

UNITED STATES POSTAL SERVICE ®

Application for Delivery of Mail Through Agent

See Reverse for Instructions, De	efinitions, A	greement	t Terms, and	the Privacy Act Statement.		
1. Private Mailbox (PMB) Information 1a. Date PMB Opened	1 h Data DMR	Closed		8. Applicant's Name 8b. Applicant's ID Number		
Internal Use Only	1b. Date PMB Closed Internal Use Only		hlv	Footnote 9 - Two types of identification are required for the	8b. Applicant's ID Number the Applicant. One ID must be a government-issued photo ID.	
			ii y	The second must confirm the Applicant's address listed on t items 8e and 10e. Attach a copy of the photo and address II		
2. Commercial Mail Receiving Agency (CM 2a. Street Address to be Used for Delivery ¹	RA) Place of Bu		nation ⊃MB #	8c. Issuing Entity	8d. Expiration Date	on the ID
101 Rainbow Dr.			rnal Use Only			
2c. City	2d. State	2e. ZIP + 4	1®	8e. Photo ID type (check one) See Footnot	e 10	
Livingston	TX	77399		U.S. State/Territory/Tribal Driver's or Non	driver's ID Card ¹⁰	can't use your Driver License as oto ID and as the Address ID. It
- Ecotrote 3-	For Residential/Pe	rsonal use. Cor	nplete a separate			lie of Naturalization
3. Type of Service Requested Footnote 3-For Residential/Personal use. Complete a separate PS Form 1583 for each adult using this PMB. Business/Organization Use ² Residential/Personal Use ³			U.S. Access Card Matricula Co		manent Resident Card	
4. Name of Applicant 4a. Last Name 4b. First Name 4c. Middle Initial			9. Address ID Information for Applicant ¹¹		cceptable types of address	
MUST MATCH NAME ON I.D. (40.1	viluale initial	9a. Applicant's Name Same as #4		d in items 9g and 11g. Attach and address ID documents.
Each Applicant (Including spouses) mus		eparate 15	83			
4d. Telephone Number (include area code)	4e. Email Addı	ress		9b. Applicant's Street Home Address		Include house number, street, ent/suite number if applicable.
				MUST MATCH ADDRESS ON I.D. (BO	X 9G) and apartme	nosule number il applicable.
4f. Applicant's Street Home Address ^{1,4}	Footnotes 1. Incl			9c. City	9d. State 9e. Zl	P + 4 9f. Country
MUST MATCH ADDRESS ON I.D. (Box 9g)	apartment/suite i must match docu		able. 4. Address in item 9b.			
4g. City	4h. State	4i. ZIP + 4	4j. Country	9g. Address ID type (check one) — Must Cont		
				U.S. State/Territory/Tribal Driver's or Non	driver's ID Card ¹⁰	See Footnote 10
4k. Is applicant a court-ordered protected in	dividual? 🗌 Y	es 🗆 N	No		lome or Vehicle Insur ehicle Registration C	_
If "Yes", you must attach a copy of the co				You can't use your Driver License as a Photo ID and as the		
5. Authorized Individual⁵ 5a. Last Name 5b. First N	ame	5c N	Middle Initial	10. Photo ID Information for Authorized Ind 10a. Authorized Individual's Name	lividual (if applicable) 10b. Authorized Indi	
Footnote 5. The Applicant authorizes mail to				Footnote 9 - Two types of identification are requir	ed for the Authorized Indiv	idual. One ID must be a
individual noted in item 5.				government-issued photo ID. The second must confirm t acceptable types of photo ID are listed in items 8e and 1	0e. Attach a copy of the ph	oto and address ID documents.
5d. Telephone Number (include area code)	5e. Email Addr	ress		10c. Issuing Entity	10b. Expiration Date	e on the ID
5f. Authorized Individual's Street Home Addre	ess ^{1,6}			10e. Photo ID type (check one) See Foot		
				U.S. State/Territory/Tribal Driver's or Nor		te of Naturalization
5g. City	5h. State	5i. ZIP + 4	5j. Country	U.S. Access Card Matricula C	Consular 🛛 U.S. Per	manent Resident Card
				U.S. University ID Card NEXUS Car	rd	
6. If Transferring PMB Mail to Another Add 6a. Street Address Mail Is Transferred To ¹	ress ⁷			11. Address ID Information for Authorized Individual (if applicable) ¹¹ 11a. Authorized Individual's Name		
Internal Use Only				Footnote 11 - The acceptable types of addre	ess verification are lis	ted in items 9g and 11g.
	Co Stato			Attach a copy of the photo 11b. Authorized Individual's Street Home Add		ments.
6b. City	6c. State	6d. ZIP + 4	6e. Country			e wurden if en dieskie
				Footnote 1 - Include house number, street		
6f. Telephone Number (include area code)	6g. Email Addı	ress		11c. City	11d. State 11e. 2	ZIP + 4 11f. Country
7. Business/Organization Information				11g. Address ID type (check one) — Must Cor		
7a. Name of Business/Organization	7b	. Type of Busi	iness	U.S. State/Territory/Tribal Driver's or Non		
If you have a business you must	complete a s	separate 1	1583.		Home or Vehicle Insur /ehicle Registration C	
7c. Business Street Address ¹	I			12. Exceptions for Additional Recipients of	Mail ¹³ See Foo	tnote 13
Footnote 1 Include house number, stre apartment/suite number if applicable.	eet and			List names of minors receiving		
7d. City	7e. State	7f. ZIP + 4	7g. Country	13a. Signature of Applicant ¹⁴ See Footr	ote 14	13b. Date
				Sign here in the presence of a notary or agent (Es		
7h. Telephone Number (include area code)	7i. Place of Re	gistration ⁸		14a Signature of CMDA or Authorized Error		14b. Date
	Footnote 8 The and state if dom		ation is the county	14a. Signature of CMRA or Authorized Emp Escapees employee signs here	See Footnote 15	
			,			

UNITED STATES POSTAL SERVICE ®

Application for Delivery of Mail Through Agent

See Reverse for Instructions, De	efinitions, /	Agreem	ient 1	Ferms, and	the Privacy Act Statement.			
1. Private Mailbox (PMB) Information 1a. Date PMB Opened	1b. Date PMB Closed				8. Photo ID Information for Applicant ⁹ 8a. Applicant's Name	8b. Applicant's ID Number		
2. Commercial Mail Receiving Agency (CM 2a. Street Address to be Used for Delivery ¹	RA) Place of B		nforma 2b. PN		8c. Issuing Entity	8d. Expiration Date on the ID		
101 Rainbow Dr.								
2c. City	2d. State	2e. Zl	P + 4®		8e. Photo ID type (check one)			
Livingston	тх	7739	99		U.S. State/Territory/Tribal Driver's or Non		cate of Nat	turalization
3. Type of Service Requested					U.S. Access Card Matricula Consular U.S. Permanent Resident Card			
Business/Organization Use ² Resider	ntial/Personal L	Jse ³			U.S. University ID Card NEXUS Car	ď		
4. Name of Applicant 4a. Last Name 4b. First N	lame		4c. Mie	ddle Initial	9. Address ID Information for Applicant ¹¹ 9a. Applicant's Name			
4d. Telephone Number (include area code)	4e. Email Ado	dress			9b. Applicant's Street Home Address ¹			
4f. Applicant's Street Home Address ^{1,4}					9c. City	9d. State 9e.	ZIP + 4	9f. Country
4g. City	4h. State	4i. ZIP +	4	4j. Country	9g. Address ID type (check one) - Must Cont	ain the Address in s	9b-9f	
					U.S. State/Territory/Tribal Driver's or Nor	ndriver's ID Card ¹⁰		
4k. Is applicant a court-ordered protected in	dividual?	Ves	□ No			lome or Vehicle Ins		<u> </u>
If "Yes", you must attach a copy of the co		165			☐ Mortgage or Deed of Trust ☐ \	ehicle Registration	Card	Voter Card
5. Authorized Individual ⁵					10. Photo ID Information for Authorized Individual (if applicable) ⁹			
5a. Last Name 5b. First N	lame		5c. Mi	ddle Initial	10a. Authorized Individual's Name	10b. Authorized I	ndividual's I	D Number
5d. Telephone Number (include area code)	5e. Email Ado	dress			10c. Issuing Entity 10b. Expiration Date on the ID			D
5f. Authorized Individual's Street Home Address ^{1,6}				10e. Photo ID type (check one) □ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² □ Uniformed Service ID □ Passport □ Uniformed Service ID □ Passport				
5g. City	5h. State	5i. ZIP +	4	5j. Country				
					U.S. University ID Card NEXUS Ca		cimanenti	
6. If Transferring PMB Mail to Another Add	ress ⁷				11 Address ID Information for Authorized	ndividual (if applic	able)11	
6a. Street Address Mail Is Transferred To ¹					11. Address ID Information for Authorized Individual (if applicable) ¹¹ 11a. Authorized Individual's Name			
6b. City	6c. State	6d. ZIP +	- 4	6e. Country	11b. Authorized Individual's Street Home Add	ress ¹		
6f. Telephone Number (include area code)	6g. Email Add	dress	1		11c. City	11d. State 11e	e. ZIP + 4	11f. Country
7. Business/Organization Information 7a. Name of Business/Organization 7b. Type of Business			955	11g. Address ID type (check one) — Must Contain the Address in 11b-11f U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ Current Lease Home or Vehicle Insurance Policy Mortgage or Deed of Trust Vehicle Registration Card				
7c. Business Street Address ¹					12. Exceptions for Additional Recipients of	Mail ¹³		
7d. City	7e. State	7f. ZIP +	4	7g. Country	13a. Signature of Applicant ¹⁴		13b. Da	ate
7h. Telephone Number (include area code)	. Telephone Number (include area code) 7i. Place of Registration ⁸				14a. Signature of CMRA or Authorized Emp	bloyee ¹⁵	14b. Da	ate

Instructions and Footnotes

Instr	uctions and Footnotes
1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for both the Applicant's photo ID and address ID, it may be used for only one of the IDs (either photo ID or address ID), not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for both the Authorized Individual's photo ID and address ID, it may be used for only one of the IDs (either photo ID or address ID), not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA). *Authorized employee:* An employee of the CMRA who is authorized to act on the CMRA's behalf. *Authorized individual:* A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service[™] upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the applicant must file an updated application with the agent.

NOTE: The applicant must sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without vour consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

Notary Public in and for the STATE OF		, Official Seal:
COUNTY OF	On this day of, 2	20,
the applicant,	, who proved to me on the basis of satisfactory evi	dence to
be the person whose name is subscrib	bed to the application, appeared before me, and acknowledged their sig	gnature.
Signature of Notary Public	My commission expires:	
	, :	20