STATE OF	, COUNTY	OF	to wit		
I HEREBY CERTIFY that a Notary Public of the ju	at on this day	of	, 20 onally appeared	, before m	e, the subscriber,
known to me (or satisfact ASSIGNMENT OF LESS	ctorily proven) to be SOR'S INTEREST	the p	erson who exec ASES, and who	cuted the forego after being s	going INDEMNIT\ worn said he is
the					
is duly authorized to act acknowledged the executeASES, as	ution of this INDEM	INITY	ASSIGNMENT	OF LESSOR	
WITNESS my hand and	official seal, this _	da	ay of	, 20	
					(Seal)
			ry Public		, ,
		My C	Commission Expir	es:	