

Shareholder Name	Address	# Shares	% Interest
TOTALS			100%

I, _____ (name), _____ (title), of _____, hereby certify that the foregoing list of shareholders, members, or other individuals possessing beneficial interest in the affiliate is true and correct to the best of my knowledge.

_____ Title

_____ Signature

STATE OF IOWA

SS:

COUNTY OF _____

On this ____ day of _____, A.D. ____, before me, a Notary Public in and for said county and state, personally appeared _____, to me known to be the person named in and who executed the foregoing instrument, and acknowledge that (he) (she) executed the same as (his) (her) voluntary act and deed.

_____ My Commission Expires

_____ Notary Public

(Notary Seal)