

AUTHORIZATION

To Whom It May Concern:

Kindly furnish the bearer of this authorization form any or all information requested. Photocopies of this authorization shall be valid as original documents.

WITNESS(ES):

SIGNATURE(S):

Witness

Signature

Witness

Signature

Claim Number

Date

NOTARY: State of _____; County of _____; SS

On this _____ day of _____, 20____, before me appeared _____

who is known to be the person(s) named herein and who voluntarily executed this release.

Notary Signature

Date Commission Expires