

FORM D

21-40217

SEC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL table with OMB Number: 3235-0076, Expires: November 30, 2001, Estimated average burden: 16.00



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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

Name of Offering (checkbox check if this is an amendment and name has changed, and indicate change.) Endobiologics International Corporation private offering dated November 2000 as amended October 2001 1105098 Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer Name of Issuer (checkbox check if this is an amendment and name has changed, and indicate change.) Endobiologics International Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 10900 NE 8th Street, Suite 900, Bellevue, WA 98004 425-450-0686 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business The development of core technology to develop, test and manufacture unique vaccine and therapeutic products.

Type of Business Organization (checkbox) corporation (checkbox) limited partnership, already formed (checkbox) other (please specify): PROCESSED (checkbox) business trust (checkbox) limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month Year (checkbox) Actual (checkbox) Estimated FEB 26 2002 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: WA THOMSON FINANCIAL CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays SEC 1972 (2-99) 1 of 8 a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Smith, Jerry L.

Business or Residence Address (Number and Street, City, State, Zip Code)

10900 NE 8th Street, Suite 900, Bellevue, WA 98004

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

DeBorde, Daniel

Business or Residence Address (Number and Street, City, State, Zip Code)

1600 North Avenue West, Suite 113, Missoula, MT 59801

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Gustafson, Gary L.

Business or Residence Address (Number and Street, City, State, Zip Code)

1600 North Avenue West, Suite 113, Missoula, MT 59801

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Abacus Capital L.L.C.

Business or Residence Address (Number and Street, City, State, Zip Code)

10900 NE 8th Street, Suite 900, Bellevue, WA 98004

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Erickson, Ronald P.

Business or Residence Address (Number and Street, City, State, Zip Code)

3700 East Valley Street, Seattle, WA 98112

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Stevens, Leonard R.

Business or Residence Address (Number and Street, City, State, Zip Code)

18202 NW Montreux Dr., Issaquah, WA 98027

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 12,500.00

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Not Applicable

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
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 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
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 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ _____	\$ _____
Equity	\$ <u>1,500,000.00</u>	\$ <u>626,500.00</u>
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Other (Specify _____)	\$ _____	\$ _____
Total	\$ <u>1,500,000.00</u>	\$ <u>626,500.00</u>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>28</u>	\$ <u>824,000.00</u>
Non-accredited Investors	_____	\$ _____
Total (for filings under Rule 504 only)	_____	\$ _____

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$ _____ N/A
Regulation A	_____	\$ _____
Rule 504	_____	\$ _____
Total	_____	\$ <u>0.00</u>

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input checked="" type="checkbox"/>	\$ <u>4,000.00</u>
Printing and Engraving Costs	<input checked="" type="checkbox"/>	\$ <u>1,000.00</u>
Legal Fees	<input checked="" type="checkbox"/>	\$ <u>60,000.00</u>
Accounting Fees	<input checked="" type="checkbox"/>	\$ <u>20,000.00</u>
Engineering Fees	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ _____
Other Expenses (identify) _____	<input type="checkbox"/>	\$ _____
Total	<input type="checkbox"/>	\$ <u>85,000.00</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

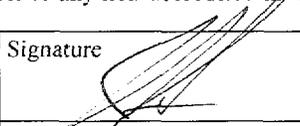
\$ 1,415,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input checked="" type="checkbox"/> \$ <u>100,000.00</u>	<input type="checkbox"/> \$ <u>100,000.00</u>
Purchase of real estate	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input checked="" type="checkbox"/> \$ <u>500,000.00</u>	<input checked="" type="checkbox"/> \$ <u>215,000.00</u>
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Working capital	<input checked="" type="checkbox"/> \$ <u>500,000.00</u>	<input type="checkbox"/> \$ _____
Other (specify): _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals	<input type="checkbox"/> \$ <u>1,100,000.00</u>	<input type="checkbox"/> \$ <u>315,000.00</u>
Total Payments Listed (column totals added)	<input type="checkbox"/> \$ <u>1,415,000.00</u>	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Endobiologics International Corporation	Signature 	Date 1-30-02
Name of Signer (Print or Type) Jerry L. Smith	Title of Signer (Print or Type) Secretary	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

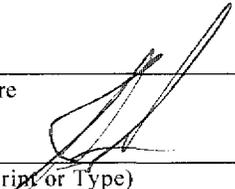
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Endobiologics International Corporation	Signature 	Date 1-30-02
Name (Print or Type) Jerry L. Smith	Title (Print or Type) Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	\$1,500,000 common stock	4	81,500.00	0	0.00		X
CO		X	\$1,500,000 common stock	9	197,500.00	0	0.00		X
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI		X	\$1,500,000 common stock	2	15,000.00	0	0.00		X
MN									
MS									
MO									

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV		X	\$1,500,000 common stock	2	20,000.00	0	0.00		X
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN		X	1,500,000 common stock	1	25,000.00	0	0.00		X
TX		X	\$1,500,000 common stock	1	10,000.00	0	0.00		X
UT									
VT									
VA									
WA		X	\$1,500,000 common stock	4	390,000.00	0	0.00		X
WV		X	\$1,500,000 common stock	1	35,000.00	0	0.00		X
WI									
WY									
PR									



Form U-2

Form U-2 Uniform Consent to Service of Process

Know all men by these presents:

That the undersigned Endobiologics International Corporation, (a corporation), (a partnership), a Washington) organized under the laws of Washington or (an individual), [strike out inapplicable nomenclature] for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Columbia Corporate Services, Inc.

(Name)

701 Fifth Avenue, Suite 2800, Seattle, WA 98104-7003

(Address)

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of each State as its attorney in that State for receipt of service of process:

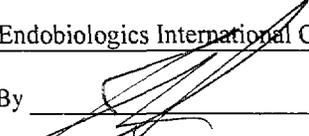
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> ALABAMA | Secretary of State. | <input type="checkbox"/> DISTRICT OF COLUMBIA | Each member of Public Service Commission or Commissioner's successor in office. |
| <input type="checkbox"/> ALASKA | Commissioner, Department of Community and Economic Development. | <input type="checkbox"/> FLORIDA | Department of Banking and Finance. |
| <input type="checkbox"/> ARIZONA | The Corporation Commission. | <input type="checkbox"/> GEORGIA | Commissioner of Securities. |
| <input type="checkbox"/> ARKANSAS | Commissioner of Securities Department. | <input type="checkbox"/> GUAM | Administrator, Department of Revenue and Taxation. |
| <input checked="" type="checkbox"/> CALIFORNIA | Commissioner of Corporations. | <input type="checkbox"/> HAWAII | Commissioner of Securities. |
| <input checked="" type="checkbox"/> COLORADO | Securities Commissioner. | <input type="checkbox"/> IDAHO | Director of Department of Finance and his successors in office. |
| <input type="checkbox"/> CONNECTICUT | Banking Commissioner. | <input type="checkbox"/> ILLINOIS | Secretary of State. |
| <input type="checkbox"/> DELAWARE | Securities Commissioner. | <input type="checkbox"/> INDIANA | Secretary of State. |

<input type="checkbox"/> IOWA	Commissioner of Insurance.	<input type="checkbox"/> NORTH CAROLINA	Secretary of State.
<input type="checkbox"/> KANSAS	Secretary of State.	<input type="checkbox"/> NORTH DAKOTA	Securities Commissioner.
<input type="checkbox"/> KENTUCKY	Commissioner, Department of Financial Institutions.	<input type="checkbox"/> OHIO	Secretary of State.
<input type="checkbox"/> LOUISIANA	Commissioner of Securities.	<input type="checkbox"/> OREGON	Director, Department of Consumer and Business Services.
<input type="checkbox"/> MAINE	Securities Administrator.	<input type="checkbox"/> OKLAHOMA	Securities Administrator.
<input type="checkbox"/> MARYLAND	Securities Commissioner of the Division of Securities.	<input type="checkbox"/> PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process.
<input type="checkbox"/> MASSACHUSETTS	State Secretary.	<input type="checkbox"/> PUERTO RICO	Commissioner of Financial Institutions.
<input checked="" type="checkbox"/> MICHIGAN	Commissioner, Office of Financial and Insurance Services.	<input type="checkbox"/> RHODE ISLAND	Director of Department of Business Regulation.
<input type="checkbox"/> MINNESOTA	Commissioner of Commerce.	<input type="checkbox"/> SOUTH CAROLINA	Attorney General (ex officio Securities Commissioner).
<input type="checkbox"/> MISSISSIPPI	Secretary of State.	<input type="checkbox"/> SOUTH DAKOTA	Director of the Division of Securities.
<input type="checkbox"/> MISSOURI	Commissioner of Securities.	<input checked="" type="checkbox"/> TENNESSEE	Commissioner of Commerce and Insurance.
<input type="checkbox"/> MONTANA	Securities Commissioner and his successors in office.	<input checked="" type="checkbox"/> TEXAS	Securities Commissioner.
<input type="checkbox"/> NEBRASKA	Director of Department of Banking and Finance.	<input type="checkbox"/> UTAH	Director, Division of Securities.
<input checked="" type="checkbox"/> NEVADA	Administrator of the Securities Division of the Office of the Secretary of State.	<input type="checkbox"/> VERMONT	Commissioner of Banking, Insurance, Securities, and Health Care Administration.
<input type="checkbox"/> NEW HAMPSHIRE	Secretary of State.	<input checked="" type="checkbox"/> VIRGINIA	Clerk, State Corporation Commission.
<input type="checkbox"/> NEW JERSEY	Chief, Bureau of Securities in the Division of Consumer Affairs of the Department of Law and Public Safety.	<input checked="" type="checkbox"/> WASHINGTON	Director of the Department of Financial Institutions.
<input type="checkbox"/> NEW MEXICO	Director, Securities Division of the Regulation and Licensing Department.	<input checked="" type="checkbox"/> WEST VIRGINIA	Commissioner (Auditor of the State)
<input type="checkbox"/> NEW YORK	Secretary of State.	<input type="checkbox"/> WISCONSIN	Division of Securities, Department of Financial Institutions.
		<input type="checkbox"/> WYOMING	Secretary of State.

Dated this 30th day of January, 2002.

(SEAL)

Endobiologics International Corporation

By 

Jerry L. Smith, Secretary

Title

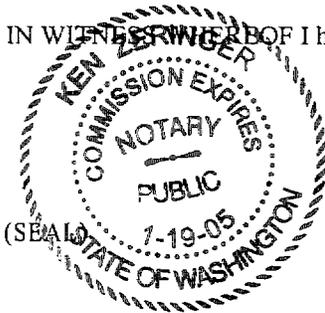
CORPORATE ACKNOWLEDGMENT

State or Province of Washington }
County of King } ss.

On this 30th day of December, 2001 before me Ken Zeringer the undersigned officer, personally appeared Jerry L. Smith known personally to me to be the Secretary of the above named corporation and acknowledged that he, as an (Title)

officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.



[Signature]
Notary Public/Commissioner of Oaths
My Commission Expires 1-19-05

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____ to me personally known and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

Notary Public/Commissioner of Oaths
My Commission Expires _____