

State of Texas

County of _____

Before me, _____ (print notary name), on this day personally appeared _____ (print medical certificate signers name), known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____ (month), and _____ (year).

Texas notary public signature