AFFIDAVIT

Kingdom of the Netherlands
Province of North Holland
City of Amsterdam
Consulate General of the
United States of America

SS:

I certify that on this day the individual named below
appeared before me and, being sworn, made the statements
set forth in the attached instrument.

__________________________
(Typed Name of Affiant)

__________________________
(Signature of Consular Officer)

__________________________
(Typed Name of Consular Officer)

Consular Officer of the United States of America
(Title of Consular Officer)

__________________________
(Date)