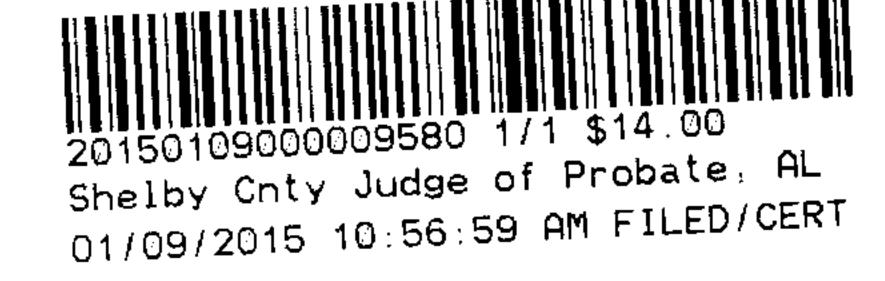
NAME AFFIDAVIT UNDER PENALTY OF PERJURY



I, the undersigned, do hereby certification in the ANDRAS SIMON	and declare under penalty of perjury that andSIMON ANDRAS are one and the sa	ame
person.	12/29/2014	
Signature of Declarant	DATE	
XXX-XX-7853		
Declarant's Social Security Number	oer	
State of ALABAMA) County of SHELBY)		
Subscribed and sworn to (or affirm	med) before me on this 29 day of DECEMBE	ΞR
2014, by		•
satisfactory evidence to be the per	sonally known to me or proved to me on the basis or rson(s) who appeared before me.	of .
262		
NOTARY PUBLIC SIGNATURI	E NOTARY PUBLIC SEA	4 I.