

STATE OF NEW YORK COUNTY OF

SS:

I, the undersigned, an attorney admitted to practice in the court of New York State,

___ Certification certify that the within
By Attorney has been compared by me with the original and found to be a true and complete copy.

___ Attorney's state that I am
Affirmation the attorney(s) of record for in the within
Action: I have read the foregoing and know the contents thereof;
The same is true to my knowledge, except as to the matter therein alleged to be on information and
belief, and as to those matters I believe it to be true. The reason this verification is made by me
and not by

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated:

The name signed must be printed herewith

STATE OF NEW YORK, COUNTY OF

I, the undersigned, being duly sworn, depose and say: I am

___ Individual in the action; I have read the foregoing
Verification and know the contents thereof; the same is true to my own knowledge, except
as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

___ Corporate the of
Verification a corporation and a party in the within action, I have read the foregoing
and know the contents thereof; and the same is true to my own knowledge,
except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it
to be true. This verification is made by me because the above party is a corporation and I am an officer thereof.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Sworn to before me on

The name signed must be printed herewith

STATE OF NEW YORK, COUNTY OF

SS: (If more than one box is checked—indicate after names type of service used)

I, the undersigned, being duly sworn, depose and say: I am not a party to the action, am over 18 years of age and reside at

On I served the within

___ Service by Mail by mailing a copy of each of the following persons at the last know address set forth after each name below.

___ Personal Service on Individual by delivering a true copy of each personally to each person named below at the address indicated. I knew each
person served by transmitting a copy to the following persons by ___ FAX at the telephone number set forth after
each name below

___ Service by Electronic Means ___ E-MAIL at the E-Mail address set forth after each name below, which was designated by the attorney for
such purpose, and by mailing a copy to the address set forth after each name.

___ Overnight Delivery Service by dispatching a copy by overnight delivery to each of the following persons at the last know address set forth
after each name below.