

## **PROXY FORM**

Ι,	, do hereby give my PROXY to		
who is a Democrat, registered within			
with authority to vote in my place or	n any and all matters	that may come before said me	eeting unless
otherwise instructed below.			
Signature:			
Print Name:			
Office:			
Address:			
Instructions for use of Proxy (if none	e, write "None")		
STATE OF OKLAHOMA )			
)	SS		
COUNTY OF			
On this, the day of	, 2017, before	me a notary public, the under	signed officer, personal
appeared	, known	to me (or satisfactorily prover	ı) to be the person who
name is subscribed to the within ins	trument, and acknow	wledged that he/she executed t	the same for the purpose
therein contained.			
In witness hereof, I hereunto set my	hand and official se	al	
(Affix Seal Here)	Signature o	f Notary Public	
	My Commi	ssion expires:	
	Commission	n #:	