

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Notary Signature*

\_\_\_\_\_  
*Notary Name*

Notary Public in and for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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**Attached to:**

*Document Type/ Title/ Date:* \_\_\_\_\_

*Number of Pages:* \_\_\_\_\_

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