

## **Notary's Certificate of Acknowledgement**

| State of                                                          |                                                                  |                    |  |
|-------------------------------------------------------------------|------------------------------------------------------------------|--------------------|--|
| City/County of                                                    |                                                                  |                    |  |
| On, b                                                             | efore me,                                                        | ,                  |  |
| (Date)                                                            | (Notary's name)                                                  |                    |  |
| personally appeared,                                              |                                                                  | , and proved to me |  |
|                                                                   | ame of signer)                                                   |                    |  |
| because of satisfactory evidence                                  | e of identification<br>(Type of unexpired govern<br>ID provided) | <u> </u>           |  |
| to be the above-named person who signed the foregoing instrument. |                                                                  |                    |  |
| WITNESS my hand and official seal (seal)                          |                                                                  |                    |  |
|                                                                   | (Notary signatur                                                 | (Notary signature) |  |
|                                                                   |                                                                  |                    |  |
| My commission expires on(Di                                       | ate)                                                             |                    |  |

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