

Acknowledgment in a Representative Capacity

State of _____)

County of _____)SS)

This instrument was acknowledged before me on _____ Date

By _____

Name(s) of Person(s)

as _____ of _____

Type of authority, e.g., officer, trustee, etc Name of party on behalf of whom instrument was executed

Name of notary public _____

(Notary Seal)

Signature of Notarial Officer

My commission expires: _____

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