ALL-PURPOSE ACKNOWLEDGMENT

State of __________________________
County of __________________________

On ______________________ before me, __________________________________________

DATE                                                                                       NAME OF NOTARY PUBLIC

personally appeared ____________________________________________________________,

NAME(S) OF SIGNER(S)

☐ personally known to me  OR  ☐ proved to me on the basis of satisfactory evidence to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), an that by his/her/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal or Stamp Here

____________________________________
SIGNATURE OF NOTARY

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it may prove valuable to persons
relying on this Acknowledgment and could prevent fraudulent reattachment of this certificate to another document.

DESCRIPTION OF ATTACHED DOCUMENT

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT

_________________________________________________
TITLE OR TYPE OF DOCUMENT

_________________________________________________
NUMBER OF PAGES

_________________________________________________
DATE OF DOCUMENT

_________________________________________________
SIGNER(S) OTHER THAN NAMED ABOVE