

All Purpose Acknowledgment

State of _____

County of _____

On _____ before me, _____
Name & Title of Officer

Personally appeared _____

Who 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) and 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.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature of Notary Public (notary seal)

Option Information

Attached to : _____

Number of Pages: _____ Document Date: _____

Capacity Claimed by Signer(s)

- Individual
- Partner
- Corporate Officer _____
- Attorney-in-Fact
- Trustee(s)
- Other _____