



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

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

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, \_\_\_\_\_,

personally appeared \_\_\_\_\_,

personally known to me – OR -  proved to me on the bases 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.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

### Optional

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER	DESCRIPTION OF ATTACHED DOCUMENT
<input type="checkbox"/> Individual	_____
<input type="checkbox"/> Corporate Officer	_____
<input type="checkbox"/> Partner(s) <input type="checkbox"/> Limited	_____
<input type="checkbox"/> Attorney-in-Fact	_____
<input type="checkbox"/> Trustee(s)	_____
<input type="checkbox"/> Guardian/Conservator	_____
<input type="checkbox"/> Other _____	_____

Signer is Representing: \_\_\_\_\_

Name of Person(s) or Entity(ies): \_\_\_\_\_