

All Purpose Acknowledgement

State of: _____

County of: _____

On this _____ day of _____, before me
_____, a Notary Public, personally appeared

_____,
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), 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 this instrument.

Witness my hand and seal:

Printed Name:
My commission expires:

(Seal)

DESCRIPTION OF ATTACHED DOCUMENT:

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signers other than named above: _____