

ALL-PURPOSE ACKNOWLEDGMENT

State of Virginia

County of _____

On _____ before me, _____, personally appeared
DATE NAME OF NOTARY PUBLIC
_____ personally known
NAME(S) OF SIGNERS(S)

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 on the instrument the person, 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

Expiration Date: _____

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

TITLE OR TYPE OF DOCUMENT

_____ (Including Acknowledgment)
NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE

**THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED ABOVE**