

VERIFICATION OF FACT

Commonwealth of Virginia

City/County of _____

I certify this to be a true and exact statement of the following facts concerning
public information contained on

identity credential or in the possession of

office and verified by me _____.(Notary's Name)

Certified this _____ day of _____, 20 _____

Notary Public's signature

Notary Registration number _____

My commission expires: _____

Notary Seal