

VERIFICATION OF FACT

Commonwealth of Virginia
City / County of _____

I, _____, a Notary Public for the Commonwealth of Virginia, hereby certify that the following is a **true and exact statement of facts** concerning **public information** contained on

Identity credential and/or information in the possession of

office, which has been **personally reviewed and verified by me.**

Certified this ____ day of _____, 20 _____. [Place Notary Seal or Stamp Here]

Signature of notary

Name of notary

Expiration Date: _____

Commission Number: _____

