CERTIFICATE OFACKNOWLEDGEMENT FOR A PERSON WHO IS UNABLE TO WRITE. SIGNATURE BY MARK (X)

Commonwealth of Virginia
City / County of _____

On _____ before me, _____,
a Notary Public in and for said State / Commonwealth, personally appeared before me

_____

known to me to be the person, who being unable to write, request and in his/her presence on the within (type of document) and he/she acknowledged to me and the two witnesses who have signed and printed their names and addresses hereto, that he/she made his/her mark for the purposes therein stated.

WITNESS my hand and official seal. [Place Notary Seal or Stamp Here]

_____
Notary Public Signature

Commission Number: _____

Expiration Date: _____

(Signature of 1st Witness) _____
(Printed Name of 1st Witness) _____
(Address of 1st Witness) _____

(Signature of 2nd Witness) _____
(Printed Name of 2nd Witness) _____
(Address of 2nd Witness) _____

Description of Attached Document

Title or type of document _____
Number of pages (including acknowledgment) _____
Date of document _____

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED ABOVE