

**Acknowledgment**  
Representative Capacity

State of Maryland

County of \_\_\_\_\_

This record was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_ as \_\_\_\_\_

of \_\_\_\_\_.

\_\_\_\_\_  
Signature of notarial officer

Title of Notarial Officer \_\_\_\_\_

My commission expires: \_\_\_\_\_

Optional

DESCRIPTION OF ATTACHED RECORD:

Title or Type of Record: \_\_\_\_\_

Record Date: \_\_\_\_\_ Number of Pages \_\_\_\_\_

Signers other than named above: \_\_\_\_\_

*ewh (03/2024)*

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