□ See Attached Document (Notary to cross out lines 1–6 below) □ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)	
1	
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Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certificate to which this certificate is attached, and not the truthfulr	verifies only the identity of the individual who signed the document ness, accuracy, or validity of that document.
State of California	Subscribed and sworn to (or affirmed) before me
County of	on this day of, 20,
	by Date Month Year
	(1)
	(and (2)),
	Name(s) of Signer(s)
	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
	Signature
Place Notary Seal and/or Stamp Above	Signature of Notary Public
o	PTIONAL —
	an deter alteration of the document or nis form to an unintended document.
Description of Attached Document	
Title or Type of Document:	
	Number of Pages:
Signer(s) Other Than Named Above:	