

Acknowledgment

Individual Capacity

State of Maryland

County of _____

This record was acknowledged before me on the _____ day of _____,
20____ by _____.

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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