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 (06/2026)*

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