

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: _____

[affix notary stamp]

Optional

DESCRIPTION OF ATTACHED RECORD:

Title or Type of Record: _____

Record Date: _____ Number of Pages _____

Signers other than named above: _____