

Certifying a Copy of a Record

State of Maryland

County of _____

I certify that this is a true and correct copy of a record in the possession of

_____.

Dated the _____ day of _____, 20____ by _____.

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: _____