

# 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: \_\_\_\_\_