

PENNSYLVANIA CERTIFICATION OF DEPOSITION TRANSCRIPT

State of Pennsylvania

County of _____

I certify that this is a true and correct copy of
the transcript of the deposition of

Name of Deponent

Dated _____

Signature of Notarial Officer

Printed Name of Notarial Officer

Title of Office

Place Official Stamp/Notary Seal Above

My Commission Expires: _____

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____