PARTNERSHIP ACKNOWLEDGMENT

State/Commonwealth of Tennessee
County of _____ } ss.

On this the _____ day of _____, _____, before me,
Day *Month* *Year*

Betty Krachey, the undersigned Notary Public,
Name of Notary Public

personally appeared _____,
Name(s) of Signing Partner(s) or Agent(s)

☐ personally known to me **– OR –**
☐ proved to me on the basis of satisfactory evidence

to be the person(s) who executed the within instrument on behalf of the

_____
Name of Partnership

partnership, and acknowledged to me that the partnership executed the same for the purposes therein stated.

WITNESS my hand and official seal.

_____
Signature of Notary Public

Betty Krachey, Notary Public; My commission expires 07/07/2027

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

Place Notary Seal/Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. 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: _____

Signer(s) Other Than Named Above: _____