CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA  
COUNTY OF _______________________}
On ___________________________before me , ________________________________________Notary Public, personally appeared ______________________________________________________________

Date Insert Name and Title of the officer

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: __________________________________

------------------------------------------------------------- OPTIONAL -------------------------------------------------------------

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment 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:

Capacity(ies) Claimed by Signer(s)

Signers Name:______________________________ Signers Name:

☑ Corporate Officer – Title(s) ☑ Corporate Officer – Title(s)
☑ Partner - ☐ Limited ☐ General
☑ Partner - ☐ Limited ☐ General
☑ Individual ☑ Attorney in Fact
☑ Individual ☑ Attorney in Fact
☑ Trustee ☑ Guardian or Conservator
☐ Trustee ☑ Guardian or Conservator
☐ Other: _____________________________________
☐ Other: _____________________________________

Signer is Representing:_______________________ Signer is Representing:_______________________