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
Date *Insert Name and Title of the officer*

Public, personally appeared _____

_____
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:_____
_____	_____