

**Copy Certification by Document Custodian**

I, \_\_\_\_\_, hereby declare that the attached  
Printed name of affiant/document custodian

reproduction of \_\_\_\_\_  
(description of document)

is a true, correct and complete copy of the original document.

\_\_\_\_\_  
Signature of Affiant Date: \_\_\_\_\_

-----  
State of Georgia  
County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_  
Date

by \_\_\_\_\_,  
Printed name(s) of individual(s) making statement

who proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

\_\_\_\_ Personally Known  
or  
\_\_\_\_ Produced Identification

Type of ID \_\_\_\_\_

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
(Name of notary, typed, stamped or printed)  
Notary Public State of Georgia

Stamp/Seal

My commission expires: \_\_\_\_\_