

**Acknowledgment in a Representative Capacity**

This certificate is attached to a \_\_\_\_\_,

dated \_\_\_\_\_.

Document information: \_\_\_\_\_

\_\_\_\_\_.

STATE OF NEW HAMPSHIRE

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by

\_\_\_\_\_ as \_\_\_\_\_

of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title and rank

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