

Acknowledgment in an Individual Capacity

This certificate is attached to a _____,

dated _____.

Document information: _____

_____.

STATE OF CONNECTICUT

COUNTY OF _____)

On this ____ day of _____, 20____, before me, _____,

the undersigned officer, personally appeared _____

known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Signature of notarial officer

Printed name

Date commission expires: _____