

STATE OF MINNESOTA

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

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

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

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

\_\_\_\_\_  
Notary signature

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

### Short Form Acknowledgment Representative