

STATE OF MAINE

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_

by \_\_\_\_\_.

\_\_\_\_\_  
Signature

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

Notary Public, State of Maine

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**Individual Short Form Acknowledgment  
(4 MRSA Section 1016)**