

STATE OF WEST VIRGINIA

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

This record was acknowledged before me on \_\_\_\_\_ by  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of notarial officer

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

\_\_\_\_\_  
Title of office

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

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

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

**Statutory Short Form of Acknowledgment in an Individual Capacity**