

Acknowledgment in a Representative Capacity

This certificate is attached to a _____,

dated _____.

Document information: _____

_____.

STATE OF RHODE ISLAND

COUNTY OF _____)

On this ____ day of _____, 20____, before me, the undersigned notary public,

personally appeared _____,

personally known to the notary or proved to the notary through satisfactory evidence of

identification, which was _____, to be the person

whose name is signed on the preceding or attached document, and acknowledged to the notary

that (he) (she) signed it voluntarily for its stated purpose as _____

for _____, (a) (the)

_____.

Official signature of notary

Print name

My commission expires