ACKNOWLEDGMENT - REPRESENTATIVE CAPACITY

STATE OF INDIANA

COUNTY OF _____

This record was acknowledged before me on _____ by
_____, as
_____ for
_____.

NOTARY SEAL

_____
Signature of Notary Public

_____
Printed Name of Notary Public

Commission Number: _____
My Commission Expires: _____
County of Residence/Employment: _____

This is a loose notarial certificate. Attach it securely to the document when a separate certificate is appropriate. The notarial act must match the act required by the document or selected by the signer.