

WASHINGTON NOTARY ACKNOWLEDGMENT

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____ (name of person) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

(Seal or Stamp)

Signature

Title

My Appointment Expires: _____

