**DELAWARE NOTARY ACKNOWLEDGMENT**

State of Delaware

County of \_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name(s) of person(s)).

(Seal, if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of notarial officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (and Rank)

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