**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: \_\_\_\_\_\_\_\_\_\_\_\_\_