

WITNESSING OR ATTESTING TO AN EVENT OR ACT

State of Washington  
County of \_\_\_\_\_

I certify that the event or act described in this document has occurred or been performed  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Name Printed | Title: NOTARY PUBLIC

\_\_\_\_\_  
My appointment expires

This notarization is attached to a \_\_\_\_\_

Making this page \_\_\_\_\_ of \_\_\_\_\_

Customer selected notary language: \_\_\_\_\_