This certificate pertains to a	page document dealing with/titled	and signed on
Acknowledgmen	t by an Attorney-in-Fact or Other Represer	ntative Capacity
State of Georgia		
County of		
Acknowledged in	my presence on(Date)	
by(Printed name of	present, named signer)	,
as		
(The capacity or	authority under which the present person acted)	,

who \_\_\_\_\_ is personally known or \_\_\_\_ who produced government-issued photo

Notary Public, State of Georgia [Stamp/Seal]

identification pursuant to O.C.G.A. Sec. 45-17-8(e).

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