

Certificate Forms

State of _____

County of _____

This record was acknowledged before me on _____ (date) by

(Name(s) of individual(s))

On _____ (date)

As _____ (type of authority, such as officer or trustee) of (name of party on behalf of
whom record was executed).

Signature of notarial officer

Stamp

Name of Notary Public

Notary Public, State of New Jersey Title of office

My commission expires (date)