SOUTH DAKOTA NOTARY ACKNOWLEDGEMENT (ATTORNEY)

State of South Dakota		
County of		
On this day of, 20 [Day/Month/Year], before me, [Name of Officer], the undersigned officer, personally appeared [Name of Attorney] known to me or satisfactorily proven to be the person whose name is subscribed as attorney in fact for [Name of Principal], and acknowledged that he/she executed the same as the act of his/her principal for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.		
	(Signature of Notary Public)	
(Seal)	(Title of officer)	
	My commission expires:	

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