

**WASHINGTON NOTARY ACKNOWLEDGEMENT
(INDIVIDUAL)**

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: _____