

# CERTIFICATION OF POWER OF ATTORNEY

State of \_\_\_\_\_

County of \_\_\_\_\_

I \_\_\_\_\_, Notary Public, certify that on \_\_\_\_\_, I examined the  
Name of Notary Date

original power of attorney and the copy of the power of attorney. I further certify that the copy is a true and correct copy of the original power of attorney.

\_\_\_\_\_  
Signature of Notary

Stamp clear impression of notary seal above.

## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED

\_\_\_\_\_  
Title of Document

\_\_\_\_\_  
Number of Pages

\_\_\_\_\_  
Document Date

\_\_\_\_\_  
Other Information