Acknowledgment by an Attorney-in-Fact or Other Representative Capacity

State of Georgia	
County of	
Acknowledged in my presence on(Date)	
by	,
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
identification pursuant to O.C.G.A. Sec. 45-1	17-8(e).
(Signature of Notary Public)	
Notary Public, State of Georgia [State State of Georgia [State State Sta	amp/Seal]

My commission expires: _____