## **Signature Witnessing**

State of <b>Rhode Island</b> County of	
On this day of, 20, before me, the undersigned	notary public, personally appeared
(name of document signer) and proved through satisfactory evidence of identificati	on to be the person whose name is
signed on the attached document in my presence.	
Notary Public	
Notary Public Printed Name	
Notary ID #	NOTARY
My commission expires	STAMP
Loose Certificate Signature Witnessia This notarial certificate is attached to a	•
dated, of pages.	function documents,