

ACKNOWLEDGEMENT OF LIMITED LIABILITY
LIMITED PARTNERSHIP AUTHORIZATION SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me
appeared _____,
(Name of Officer)

sworn, did say that he/she is the _____, of
(Title)

_____, _____,
(Name of Company), (Address)

_____, _____, a limited liability limited partnership,
(City & State) (Zip Code)

who has indicated the he/she is authorized under the articles of organization, operating agreement, or partnership agreement, to execute the attached instrument for and on behalf of the limited liability limited partnership, and that he/she hereby executes said instrument for and on behalf of the limited liability limited partnership.

Notary Public

County: _____

My Commission Expires: _____