PENNSYLVANIA VERIFICATION ON OATH OR AFFIRMATION

| State of Pennsylvania | | |
|---|--|----|
| County of | - | |
| | Signed and sworn to (or affirmed) before me on | |
| | | by |
| | Date | |
| | Name of Individual Making Statement No. 1 | |
| | Name of Individual Making Statement No. 2 | |
| | Signature of Notarial Officer | |
| | Printed Name of Notarial Officer | |
| | Title of Office: | |
| Place Official Stamp/Notary Seal Above | My Commission Expires: | |
| | | |
| Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. | | |
| Description of Attached Document | after a | |
| Title or Type of Document: | | _ |
| Document Date: | Number of Pages: | = |
| Signer(s) Other Than Named Above: | | -: |

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