**ACKNOWLEDGEMENT**

COMMONWEALTH / STATE OF      :

 SS

COUNTY OF       :

***[Operator – please complete only A. or B. and this document must be notarized]***

 **A. TO BE USED BY AN OPERATOR THAT IS A CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY**

 On       ,       \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [and

 (Date) (Name)

 \_\_\_\_\_\_\_\_\_\_      ], personally appeared before me, and identified

 (Name)

(himself, and/or herself or themselves – **please CIRCLE what is accurate**) as the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      [and      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, respectively,]

(Title) (Title)

 of      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Name of Operator – must be identical to Operator identified in Bond)

Each affiant stated that, in accordance with (1) [the bylaws of the corporation] [the partnership agreement] [the Operating Agreement of the LLC or the LLP] (please **CIRCLE ONE AND ONLY ONE)** and (2) any other documents applicable to authority to sign the attached Bond, the affiant was authorized to sign the attached Bond on behalf of the Operator.

 **B. TO BE USED BY AN OPERATOR THAT IS AN INDIVIDUAL**

 On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Name)

personally appeared before me, and acknowledged that he or she executed the attached Bond for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(SEAL) My Commission Expires:

 (Notary Public Signature) (Date)