Affidavit Acknowledgement

I, ________________, being duly sworn, depose and say as follows:

____________________________
(Signature of Affiant)

State of Arkansas
County of __________

Acknowledged before me, this ___________ day of ____________, ________.

In witness whereof I hereunto set my hand and official seal.

____________________________
Signature of Notary Public

[Seal of Office]

My commission expires:__________________
Notary Acknowledgement

State of Arkansas

County of __________

On this the _______ day of ______, 20__, before me, ___________, the undersigned notary, personally appeared ___________ known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

________________________________
Signature of Notary Public

[Seal of Office]

My commission expires:_______________
Affidavit Acknowledgement

I, ________________, affirm that the above/attached is a true and perfect copy of the original document ______________________, presented to me by ____________________ on ________________.

____________________________
(Signature of Affiant)

State of Arkansas
County of __________

On this the _______ day of ______, 20__, before me, ___________, the undersigned notary, personally appeared ___________ known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

____________________________
Signature of Notary Public

[Seal of Office]

My commission expires:__________________
Photocopy Acknowledgement

State of Arkansas

County of ____________

I, _______________, affirm that the above/attached is a true and perfect copy of the original document ________________, presented to me by ____________________ on this ________ day of ________________, 20____.

________________________
Signature of Notary Public

[Seal of Office]

My commission expires:__________________
Translator Affidavit

I, _______________ , affirm that the above/attached is a true and perfect translation of the original document _________________________.

____________________________
(Translator’s Signature)

State of Arkansas

County of __________

On this the ______ day of ______, 20__, before me, ___________, the undersigned notary, personally appeared ___________ known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

________________________
Signature of Notary Public

[Seal of Office]

My commission expires:__________________