Verification with Notary: Specialist Certification

I,I have carefully read the foregoing applic I fully understand that failure to make a trumay result in the denial of my application,	cation and that all in uthful disclosure of an	y required fact or item of information
may result in the definer of my approacher,	or revealurer or my ap	oolanot Gortmoaton II grantoal
Date:		
	Signature of App	licant Lawyer
State of Minnesota, County of		
Signed and sworn to before me on		, by
	(month/day/year)	
(insert	t name of Applicant Lawyer)	
(Seal, if any)		
	(signature of notarial officer)	
	Title (and Rank):	
	My commission	expires:
	·	(month/day/year)