

STATE OF HAWAII

CONTRACTOR'S ACKNOWLEDGMENT

STATE OF		_)		
COUNTY OF) SS.		
		_′		
On this	da	y of	before me appeared	
known to be the person(s) described	and in and who h		, to me ly sworn, did say that he/she/they is/are	
•		•	of	
		_ `	, the	
		(Signature)		
(Notary Stamp or Seal)		(Signature)		
		(Print Name)	
Ŋ		Notary Pub	Notary Public, State of	
		My commi	ssion expires:	
Doc. Date:	# Pages:			
Notary Name:				
Doc. Description:				
			(Notary Stamp or Seal)	
Notary Signature	Date			
NOTARY CERTIFICATION				

1

AG-009 Rev 7/25/08