

State of North Carolina

CERTIFICATE

County or	_	
I,	, Notary Public of	County, do hereby certify
that	personally appeared befo	ore me this day, who being duly sworn, says that
he/she is PROPER OFFICIAL of the State	of North Carolina Department of	Adult Correction, Division of Prisons; that
he/she has in his/her custody and control a	all records pertaining to inmates ser	rving sentences in the Correctional Institutions
and Subsidiaries; that the above information	n was taken from said records and i	s true, according to said records, except as to
those things stated upon information and be	lief; and as to those he/she believe	s it to be true.
IN TESTIMONY WHEREOF, I have here	unto set my hand at	, North Carolina, this the
day of		
Notary Public		(Official Seal of Notary)
Date My Commission Expires:		