PD F 2778-1 E Department of the Treasury Bureau of the Public Debt (Revised August 2005)

CERTIFICATION ATTACHMENT

(May be used for up to two additional signatures and certifications)

Attached to and made a part of Form: _____

Sign in ink in the presence of an authorized certifying officer.				
Sign Here(Signature)			(Print Name)	
Home Address		Rural Route)	(Social Security Number)	
(City) E-Mail	(State) (ZIP Code)		(Daytime Telephone Number)	
I CERTIFY that			, whose identity	is known or was
proven to me, personally appeared bef		, and signed this form.	(Month)	, , (Year) ,
(City) (State) (OFFICIAL STAMP OR SEAL)		(Signature and title of certifying officer)		
		(Number and Street or Rural Route)		
		(City)	(State)	(ZIP Code)
Sign in ink in the presence of an authorized certifying officer.				
Sign Here(Signature)		.)	(Print Name)	
Home Address	ress		(Social Security Number)	
(Null	(Number and Street or Rural Route)		(Social Securi	
(City) E-Mail	(State)	(ZIP Code)	(Daytime Tele	phone Number)
I CERTIFY that			, whose identity is known or was	
proven to me, personally appeared bef	ore me this	day of	(Month)	, , ,
at(City)	(State)	, and signed this form.	((*****)
(OFFICIAL STAMP OR SEAL)		(Signature and title of certifying officer)		
		(Number and Street or Rural Route)		
		(City)	(State)	(ZIP Code)

Customer No.