

POWER OF ATTORNEY

I _____, of _____ hereby appoint _____, of _____, as my attorney in fact to act in my capacity to do every act that I may legally do through an attorney in fact. This power shall be in full force and effect on the date below written and shall remain in full force and effect until _____ or unless specifically extended or rescinded earlier by either party.

Dates _____, 20____.

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this ____ day of _____, 20____, personally appeared _____ to me well known to be the person described in and who signed the Foregoing, and acknowledged to me that he/she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires _____.