**Limited Power of Attorney**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State), appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_(City), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State), as my attorney-in-fact to act on my behalf for the purpose(s) of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This power of attorney starts to be effective on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, and shall continue until

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I grant my attorney-in-fact full authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my attorney-in-fact in exercising those powers. I agree that any third party who is given a copy of this power of attorney may act relying on it. I agree that revocation of this power of attorney is effective as to a third party only upon receipt of

actual notice by the third party. If because of reliance on this power of attorney, a third party suffers any loss; I agree to indemnify the third party for the loss.

Signed this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Principal

By accepting this appointment and acting under it, the attorney-in-fact (agent) assumes the legal responsibilities of an agent.

Signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Attorney-in-Fact

Witness the following signature and seal, this  \_day of                             ,20         \_.

Signature of Principal:

Signature of Appointee:

NOTARY PUBLIC WITNESS

STATE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY OF                                                 , I, the undersigned, a Notary Public in and for the City and State aforesaid, do certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose name is signed to the foregoing Limited Power of Attorney, bearing date of this day of                                   , 20   , has acknowledged the same before me in my City and State aforesaid. Given under my hand this     day of                                      , 20      .

Signature:

MY COMMISSION EXPIRES: