

GENERAL 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specifically extended or rescinded earlier by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.

Dated _____, 20____.

By: _____

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
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: