

Power of Attorney Agreement

I, _____(1)_____, of _____(2)_____, hereby appoint
_____(3)_____, of _____(4)_____, 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 _____(5)_____ or unless specifically extended or
rescinded earlier by either party.

Dated _____(6)_____, 19_(7)___.

_____(8)_____

STATE OF _____(9)_____

COUNTY OF _____(10)_____

BEFORE ME, the undersigned authority, on this _(11)_ day of _____(12)_____,
19_(13)_, personally appeared _____(14)_____ 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.

_____(15)_____

NOTARY PUBLIC

My Commission Expires: __ (16) __