Power of Attorney Agreement

l,	, of	, hereby appoint
	, of	, as my attorney in fact
to act in my capacity to do the ac	cts listed below that I r	may legally do through an attorney
in fact. This power shall be in full	force and effect on th	ne date below written and shall
remain in full force and effect un	til:	or unless specifically
extended or rescinded earlier by	either party.	
I give my power of attorney for t	he following acts:	
Dated		
STATE OF		
COUNTY OF		-
BEFORE ME, the undersigned au	thority, on this	day of
		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	or the uses and purpo	se therein expressed.
WITNESS my hand and official se	al the date aforesaid.	
NOTARTY PUBLIC		
My Commission Expires:		