GENERAL POWER OF ATTORNEY

I, __________, of __________, hereby appoint __________, of __________, as my attorney in fact 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on the date below written and shall remain in full force and effect until _______ or unless specifically extended or rescinded earlier by either party.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 _______, __________.

STATE OF __________

COUNTY OF __________

BEFORE ME, the undersigned authority, on this day of __________, 19__, 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: __________

NOTICE

The information in this document is designed to provide an outline that you can follow when formulating business or personal plans. Due to the variances of many local, city, county and state laws, we recommend that you seek professional legal counseling before entering into any contract or agreement.