LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that I, _____

_____, the “Principal”, do hereby grant a limited

and specific power of attorney to _____ of _____,

_____ as my “Attorney-in-Fact”.

Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. _____
2. _____
3. _____

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Attorney-in-Fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my Attorney-in-Fact in its discretion deems advisable. This power of attorney is effective upon execution.

This power of attorney may be revoked by any of the following:

(Initial and Check the Box if Applicable)

☐ _____ - By the Principal at anytime by authorizing a Revocation.

☐ _____ - When the above stated one (1) time power or responsibility has been completed.

☐ _____ - On the _____ day of _____.

This power of attorney form shall automatically be revoked upon my death or incapacitation, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.

State Law. This Power of Attorney is governed by the laws of the State of

_____.

Signed this _____ day of _____.

_____

Signature

_____

ACCEPTANCE OF APPOINTMENT

I, _____, the attorney-in-fact named above, hereby accept appointment as attorney-in-fact in accordance with the foregoing instrument.

_____

Attorney-in-Fact's Signature

WITNESSES

We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument as his Power of Attorney in the presence of each of us, that he signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in his presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness Signature

Witness Signature

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF

County, ss.

On this day of , before me appeared , as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

Notary Public

My commission expires:

ARSENK ID, CORP.