

DELAWARE LIMITED POWER OF ATTORNEY

I, _____, residing at _____,
_____, hereby appoint
_____ of _____, _____, as my Attorney-in-Fact (“Agent”) for the purposes expressed herein.

I hereby revoke any and all powers of attorney that previously have been signed by me only to the extent that any such power of attorney covers the same subject matter of this power of attorney.

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent’s powers shall include the power to:

- _____
- _____
- _____
- _____

This Special Power of Attorney starts to be effective on _____, _____, 20____.

I grant my Attorney-in-Fact full authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my Attorney-in-Fact in exercising those powers.

This Special Power of Attorney is governed by the laws set forth under the State of Delaware.

This Special Power of Attorney is effective upon execution. This Special Power of Attorney may be revoked at any time by me, and shall automatically be revoked upon my death, provided any person relying on this Special Power of Attorney shall have full rights to accept and reply upon authority of my Attorney-in-Fact until in receipt of actual notice of revocation.

SIGNATURE AND ACKNOWLEDGMENT

Signature _____ **Date** _____

Printed Name _____

Acknowledged before me in _____, Delaware, on _____.

Agent's signature _____ **Date** _____

Agent's Printed Name _____

Agent's Address _____

Agent's Telephone Number _____

Acknowledged before me in _____, Delaware, on _____.

(Seal, if any)

Signature of Notary _____

Signed on this _____ day of _____, 20____, in _____, _____.

Name of Notary _____

My Commission Expires: _____