ARKANSAS POWER OF ATTORNEY REVOCATION

KNOW ALL MEN BY THESE PRESENTS:

That I, _____ , Principal, of _____, on _____ executed a Power of Attorney naming _____ of _____ _____ .

I now wish to revoke said power of attorney under the laws of the State of Arkansas found at Arkansas Code Annotated §§ 18-12-502 and 28-68-110. The power of attorney shall be revoked and deemed void as of filing with this Court.

Witness my hand this _____ day of _____ 20____.

_____
[INSERT NAME] – Principal

ACKNOWLEDGMENT

STATE OF ARKANSAS)
) ss
COUNTY OF _____)

I, the undersigned, do certify that on this date, personally appeared before me, a notary public for the State and County indicated above, _____, being duly sworn, subscribed his name to this instrument and acknowledged to me, being of sound mind, that it was his voluntary act and deed. IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal on this _____ day of _____ 20_____.

[SEAL]

_____
Notary Public

My Commission Expires: _____.