**ALASKA LIMITED (SPECIAL) POWER OF ATTORNEY**

I, Robert Zamora (the “Principal”), hereby appoint Kyle Ellerbe (Agent Name) of 3161 Veltri Drive, Anchorage, AK 99501 (Agent Address), as my Attorney-in-Fact (the “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 Limited Power of Attorney.

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

1. Pick up mail at home location (2177 Kidd Ave., Anchorage, AK 99501) from 5/1/22 to 6/1/22 on Friday Afternoons.
2. Place mail nearly on kitchen counter. Ensure that all doors are locked upon leaving.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Limited Power of Attorney goes into effect on 05/01/2022 (mm/dd/yyyy).

I grant my Agent 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 Agent in exercising those powers.

This Limited Power of Attorney is governed by the laws set forth under the State of Alaska.

This Limited Power of Attorney is effective upon execution. This Limited 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 Limited Power of Attorney shall have full rights to accept and reply upon authority of my Agent until in receipt of actual notice of revocation.

**PRINCIPAL SIGNATURE AND ACKNOWLEDGMENT**

**Principal Signature:** Robert Zamora Date: 04/05/2022

Printed Name: Robert Zamora

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**AGENT SIGNATURE AND ACKNOWLEDGMENT**

I, Kyle Ellerbe, the Agent named above, hereby accept my appointment as Agent in accordance with this Limited Power of Attorney.

**Agent’s signature:** Kyle Ellerbe Date: 04/05/2022

Printed Name Kyle Ellerbe

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**NOTARY ACKNOWLEDGMENT**

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graphical user interface, website

Description automatically generatedCounty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy) 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_