

ALASKA LIMITED (SPECIAL) POWER OF ATTORNEY

I, _____ (the "Principal"), hereby appoint
_____ (Agent Name) of
_____ (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. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

This Limited Power of Attorney goes into effect on _____ (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: _____

Printed Name: _____

AGENT SIGNATURE AND ACKNOWLEDGMENT

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

Agent's signature: Kyle Ellerbe Date: _____

Printed Name _____

NOTARY ACKNOWLEDGMENT

State _____

County _____

On _____ (mm/dd/yyyy) _____, as Principal of this Power of Attorney, I have reviewed the foregoing instrument and issued photo identification to be taken for the instrument and acknowledged that _____



Notary Public

My commission expires: _____

