

GEORGIA 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 Georgia.

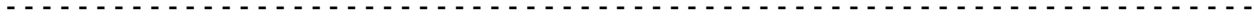
This Limited Power of Attorney is effective upon execution. This Limited Power of Attorney may be revoked at any time by me, and shall automatically be revoked upon my death, provided any person relying on this Limited Power of Attorney shall have full rights to accept and reply upon authority of my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



PRINCIPAL SIGNATURE AND ACKNOWLEDGMENT

Principal Signature: Tony Carranza Date: _____

Printed Name: _____

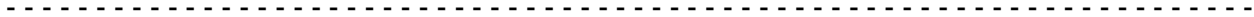


AGENT SIGNATURE AND ACKNOWLEDGMENT

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

Agent's signature: Lorenza Neal Date: _____

Printed Name _____



STATEMENT OF WITNESS

On the date written above, the Principal declared to me in my presence that this instrument is his Limited Power of Attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

Witness 1 Signature: Kimberly Calahan Date: _____

Printed Name: _____

Address: _____



NOTARY ACKNOWLEDGMENT

State _____

County _____

On _____
Principal of this Po
identification to be
acknowledged that



_____, as
ent issued photo
foregoing instrument and

Notary Public

My commission expires: _____