INDIANA LIMITED (SPECIAL) POWER OF ATTORNEY

, (the "Principal"), hereby appoint (Agent Name) of
(Agent Name) of (Agent Name) of (Agent Address), as my Attorney-in-
Fact (the "Agent") for the purposes expressed herein.
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 Powe 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:
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This Limited Power of Attorney goes into effect on (mm/dd/yyyy).
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 Indiana.

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:	Cathie Chatman	Date:
Printed Name:		
	SIGNATURE AND ACK	
		amed above, hereby accept my
appointment as Agent in acco	ordance with this Limited Po	ower of Attorney.
Agent's signature: _	Harry Seamon	Date:
Printed Name		
1	NOTARY ACKNOWLE	DGMENT
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State		
County		
On	atoryyyy) before me app	_ av A, a
Principal of this Po	BE COMPLETE	D BY A issued photo
identification to be acknowledged that	BE COMPLETE OTARY PUBLIC	egoing instrument an
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Notary Public		
My commission expires:		
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