NEW JERSEY LIMITED POWER OF ATTORNEY

I, (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.
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:
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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 New Jersey.

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.

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PRINCIPAL SIGNATURE AND ACKNOWLEDGMENT

Principal Sign	ature:	Date:	
Printed Name:			
		AND ACKNOWLEDGM	
AGI	ENI SIGNATURE	AND ACKNOWLEDGIVII	EN I
		the Agent named above, here his Limited Power of Attorney.	eby accept my
Agent's signa	ture:	Date: _	
Printed Name _			
	NOTARY AC	CKNOWLEDGMENT	
State			
County			
Principal of this Power identification to be the	of Attorney who provabove-named person	fore me appeared red to me through government n, in my presence executed for s his free act and deed.	issued photo
Notary Public			
My commission expires	e·		

