

General Power of Attorney

I, _____(1)_____, of _____(2)_____, hereby appoint
_____(3)_____, of _____(4)_____, as my attorney in
fact to act in my capacity to do every act that I may legally do through an attorney in
fact. This power shall be in full force and effect on the date below written and shall
remain in full force and effect until _____(5)_____ or unless specifically
extended or rescinded earlier by either party.

Dated _____(6)_____, 20_(7)___.

_____(8)_____

STATE OF _____(9)_____

COUNTY OF _____(10)_____

BEFORE ME, the undersigned authority, on this _(11)_ day of _____(12)_____,
20_(13)_, personally appeared _____(14)_____ to me well known to
be the person described in and who signed the Foregoing, and acknowledged to me
that he executed the same freely and voluntarily for the uses and purposes therein
expressed.

WITNESS my hand and official seal the date aforesaid.

_____(15)_____ NOTARY PUBLIC

My Commission Expires:_(16)___