IDAHO LIMITED POWER OF ATTORNEY

in fact to act in my name and behalf for the following specific acts:	
This Limited Power of Attorney shall remain in full force and effect until revoked by either	
party in writing.	
IN WITNESS WHEREOF , this day of, 20	
STATE OF	
County of	
Subscribed, sworn to and acknowledged before me by	,
the Principal, and subscribed, sworn to and acknowledged before me this	day
of	

(Notary Seal)

e

(Signature of Notary Public)