NEW JERSEY LIMITED POWER OF ATTORNEY

| l, | whose address is | |
|--|---|----|
| | , hereby | |
| appoint | , my true and lawful agent and attorney | |
| in fact to act in my name and behalf fo | or the following specific acts: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| This Limited Power of Attorney shall party in writing. | remain in full force and effect until revoked by either | |
| IN WITNESS WHEREOF, this | day of, 20 | |
| STATE OF | _ | |
| County of | _ | |
| Subsembed are to and admosplader | ed before me by | |
| | | , |
| the Drive and | | t |
| the Principal, and subscribed, sworn of, | to and acknowledged before me this | da |

(Notary Seal)

e

(Signature of Notary Public)