

**ARKANSAS LIMITED POWER OF ATTORNEY**

I, \_\_\_\_\_ whose address is \_\_\_\_\_

\_\_\_\_\_, hereby  
appoint \_\_\_\_\_, my true and lawful agent and  
attorney in fact to act in my name and behalf for the following specific acts:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Agent's Signature

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_,  
the Principal, and subscribed, sworn to and acknowledged before me by  
\_\_\_\_\_, the Witness, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

