

Delaware Limited Power of Attorney

BE IT ACKNOWLEDGED that I, _____
Full Name
_____, the undersigned, do hereby grant a limited and
social security number
specific power of attorney to _____
Full Name
of _____
Address Phone
as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. _____
2. _____
3. _____

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

State Law: This Power of Attorney is governed by the laws of the State of Delaware.

Signed this _____ day of _____, 20_____.

Signature

Pursuant to Title 12 of The Delaware Code

