Texas Limited Power of Attorney

BE IT ACKNOWLEDG				
and specific power of attorne	, ·	the undersigne	d, do hereby gran: Full)	t a limited Name), of
ofAddress				Phone
as my attorney-in-fact.			,	none
Said attorney-in-fact sperform only the following a		•	authority to unde	ertake and
1 2				
3.				
The authority herein shall required to carry out and per				
My attorney-in-fact agree agrees to act and perform in interest, as my attorney-in-fa	said fiduci	ary capacity co	onsistent with my	
This power of attorney is be revoked by me at any time provided any person relying accept and reply upon the aunotice of revocation.	e, and shal on this po	l automatically wer of attorney	be revoked upon y shall have full ri	my death, ghts to
Signed this	day of		, 20	
				Signature
State of Texas County of				
This document was acknowle				
	_			
Signature of Notary My commission expires:				

