

D.C. POWER OF ATTORNEY REVOCATION

THE UNDERSIGNED HEREBY DECLARES THE FOLLOWING:

I, _____ ("Principal"), with a mailing address of:

_____,

hereby revoke all Powers of Attorney executed prior to _____,
20____, made by me and appointing:

_____, as my Attorney-in-Fact, and

_____, as my successor Attorney(s)-in-Fact.

IN WITNESS WHEREOF, I have hereunto set my hand on this the ____ day of
_____, 20____.

Signature of Principal