LOUISIANA LIMITED POWER OF ATTORNEY

I,	whose address is
	, hereby
appointattorney in fact to act in my name and beha	, my true and lawful agent and alf for the following specific acts:
This Limited Power of Attorney shall rema either party in writing.	ain in full force and effect until revoked by
IN WITNESS WHEREOF, this 20	day of,
(Signature)	
Witnesses:	Witnesses' Signature:

e

STATE OF	
County of	

Subscribed, sworn to and acknowledged before me by_____

_____, the Principal, and subscribed, sworn to and acknowledged before me this______day of_____.

(Notary Seal)

(Signature of Notary Public)

Pursuant to Louisiana Civil Code Chapter 2 - Mandate.