

Filed for record at the request of:

WASHINGTON REVOCATION OF POWER OF ATTORNEY

I revoke the power of attorney I gave to _____.

Dated: _____

On _____, a person I know to be _____
appeared before me in person, signed above, and acknowledged that the signing was
done freely and voluntarily for the purposes mentioned above.

Dated: _____

Notary Public, State of Washington,
residing at: _____

Commission expires: _____

Pursuant to Chapter 11.94.043 RCW