REVOCATION OF POWER OF ATTORNEY

I, _____, of _____, hereby revoke the Power of Attorney dated _____, under which _____ was appointed to act on my behalf.

Dated _____ at _____.

_____ (name)
_____ (signature)

STATE OF _____,
COUNTY OF _____

On _____ before me, _____, personally appeared _____, _____ and _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____ (Notary Seal)
Signature of Notary Public

Copy delivered to:
Agent: _____
Address: _____
_____

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