POWER OF ATTORNEY REVOCATION

Reference is made to certain power of attorney granted by
__________________________________ (Grantor) to
__________________________________ (Attorney-in-Fact), and dated
_________________, 20____.

This document acknowledges and constitutes notice that the Grantor hereby revokes,
rescinds and terminates said power-of-attorney and all authority, rights and power thereto
effective this date.

Signed under seal this ____ day of_______________________________, 20____.

____________________________________
[Signature of Grantor]

____________________________________
[Printed or Typed Name of Grantor]

Acknowledged:

____________________________________

STATE OF ____________________
COUNTY OF ___________________

On__________________________before me,_____________________________
personally appeared, personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature: ____________________________

Affiant: ____Known ____Unknown

ID Produced ____________________

(Seal)