

NOTICE OF REVOCATION OF POWER OF ATTORNEY

I, _____ [Name] _____ residing at _____
_____ [Address] _____ hereby
revoke, and rescind the Power of Attorney executed by me on
_____ [Date] _____. I also revoke all authority, rights and power granted by me
thereunder.

Notice is hereby given that effective _____ [Date] _____ the said
Power of Attorney will be null and void and will be of no further force or effect.

Executed this _____ day of _____ 20 ____ at _____

Signature: _____

In the presence of the undersigned witnesses:

Witness 1.

Name: _____

Address: _____

Signature: _____

Witness 2.

Name: _____

Address: _____

Signature: _____