

LIMITED POWER OF ATTORNEY

Limited POA Intake -PPL KAS/thp 2/28/06

STATE OF _____
COUNTY OF _____

_____ personally appeared before me, and after being duly sworn,
(member's printed name)

_____ states the following and executes this document:
(member's printed name)

1. I am _____, whose address is _____
(member's printed name) (member's address)

_____ Florida.

2. My Pre-Paid Legal Services Membership Number is: _____.

3. I wish to have :

NAME: (printed name of the person to be appointed attorney-in-fact)

ADDRESS:

TELEPHONE:

act as my attorney in fact for the limited purpose of consulting on my behalf with the law firm of de Beaubien, Knight, Simmons, Mantzaris & Neal, LLP in regard to: Intake (file) Number: _____

(describe the legal matter, please include such information as account numbers and opposing Party/Company information)

4. This Limited Power of Attorney may be revoked upon written notification to both the Law Firm of de Beaubien, Knight, Simmons, Mantzaris & Neal, LLP and to my attorney-in-fact.

Witness Signature Witness Signature Member's Signature

Witness Printed Name Witness Printed Name Member's Printed Name

Phone: _____ Phone: _____ Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____, by _____, who is known to me or has produced _____ as identification.

(SEAL)

NOTARY PUBLIC
Commission Expires: