

REVOCATION OF LIMITED POWER OF ATTORNEY

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 hereby revoke the Limited Power of Attorney previously executed by me on the _____ day of _____, _____.
2. I will provide a copy of this executed Revocation of Limited Power of Attorney to both the law firm of de Beaubien, Knight, Simmons, Mantzaris & Neal, LLP and to my former attorney in fact identified in the Limited Power of Attorney described in Paragraph 1 above.
3. I understand that this revocation is not effective until it is received by the law firm of de Beaubien, Knight, Simmons, Mantzaris & Neal, LLP.

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
My Commission Expires: