

REVOCATION OF POWER OF ATTORNEY

I, _____, with current residing address of _____
_____, hereby give notice that I have revoked, and do hereby
revoke, the power of attorney dated _____, assigning _____
to act as my true and lawful attorney in fact, and I now declare that all power and authority granted
under said power of attorney is hereby revoked and withdrawn effective immediately.

Dated this _____ day of _____, 20____, at _____:____ am/pm.

Signature: _____ Name: _____

Witnesses (Optional)

Signature: _____ Name: _____

Signature: _____ Name: _____

A Notary Public or other Officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____

On _____ before me, _____, NOTARY PUBLIC
(Date) (Name and title of the officer)
personally appeared _____, who proved to me on the basis of
(Name of person signing)

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.

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

WITNESS my hand and official seal.

Signature of officer