Power of Attorney Agreement

I,(1), of(2), hereby appoint(3), of(4), as my attorney in fact to act in my capacity to do every act that I may legally do through an attorney in fact. This power shall be in full force and effect on the date below written and shall remain in full force and effect until(5) or unless specifically extended or rescinded earlier by either party.
Dated
STATE OF(9)
COUNTY OF(10)
BEFORE ME, the undersigned authority, on this _(11)_ day of(12), 19_(13)_, personally appeared(14) to me well known to be the person described in and who signed the Foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.
WITNESS my hand and official seal the date aforesaid.
(15)
NOTARY PUBLIC
My Commission Expires:(16)