## **Special Power of Attorney**

I,	(1)	, of	(2)	, hereby appoi	nt
	(3) fact to act in my o	of _	(4	.)	, as my
attorney in	fact to act in my	capacity to do an	y and all of the	e following:	
	BE THE EXTENT	OF AUTHORIT	ΓΥ YOU ARE	GIVING TO YO	UR
ATTORN.	EY-IN-FACT)				
rights and	, powers, and authorous herein grand (5), 1, 1	nted shall comm 9(6)_, and sha	ence and be in all remain in fu	full force and effect	ect on t until
cruici part	y.				
Dated	(8), 19(9	))			
	(10)				
	· /				
STATE O	F(11)				
COUNTY	OF(12)				
	ME, the undersign				
	personally appeared described in and v				
-	he same freely and	•		_	
WITNESS	my hand and offi	cial seal the date	aforesaid.		
	_(17)				
NOTARY	PUBLIC				
My Comm	nission Expires:(	(18)			