Revocation of Power of Attorney

I,			(printed name),
address:			
do revoke the power of attorney date	ed	, 20	,
do revoke the power of attorney date which was granted to			(printed name),
address:			
to act as my attorney-in-fact.			
This Revocation is dated	, 20		
Signature of Person Revoking Powe	er of Attorney		
Notary Acknowledgement			
State of			
County of			
On, 20, 20	,,		personally
came before me and, being duly swe above document and that he or she			
Signature of Notary Public	_		
Notary Public, In and for the County State of	y of		
My commission expires:	Ν	Jotary Seal	