RESIGNATION AS POWER OF ATTORNEY

The undersigned, _____, is named as Power of Attorney/Attorney in Fact for

_____ [Name of Individual].

The undersigned hereby declines to act in that capacity.

Dated _____

_____
Signature

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_____)

SS

COUNTY OF_____)

On_____before me,_____,

a Notary Public personally appeared_____, who proved to me on the basis of 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_____(Seal)