

REVOCATION OF POWER OF ATTORNEY

I, _____ (the Grantor) granted a Power of Attorney to
_____ (the Agent) dated _____,
do hereby revoke said Power of Attorney as of _____, 20____.

STATE OF
COUNTY OF

I certify that _____, who ☐ is personally known to me to be the person
whose name is subscribed to the foregoing instrument ☐ produced _____
as identification, personally appeared before me on _____, 20____, and acknowledged the
execution of the foregoing instrument.

Notary Public, State of

Notary's commission expires: