

POWER OF ATTORNEY

Know all men by these presents, that the undersigned does hereby make, constitute and appoint

LAST NAME		FIRST NAME			MI
STREET ADDRESS		CITY		STATE	ZIP CODE
My true and lawful attorney-in-fac assignment of or application for my					
MAKE	YEAR		SERIAL NO	0.	
And granting to my said attorney-in- requisite, necessary and proper to las the undersigned might or could confirming all that said attorney or h	be done in and abord do with full power is substitute shall la	ut the premises as er of substitution a wfully do or cause t	fully and nd revoo to be dor	to all intent cation here ne by virtue	ts and purposes by ratifying and hereof.
day of, 20		THE TO BE SUBSCIIDE	u nereto	u 115	
X SIGNATURE OF PERSON GIVING POWER OF	ATTORNEY ACKNOWLI		URITY NUM	IBER OF BUYE	R/OWNER
State of Ohio, County of and for said County personally appeacknowledged the signing of the for	eared				who
In Testimony Whereof, I have hereuthisday of		-			State of Ohio.
		X NOTARY PUBLIC			
My commission expires					