POWER OF ATTORNEY

I,(Taxpayer) name the followi					
matt agen term	ers, subject to ar t, may rely upon inated or is inva	ent permitted by law, with respect to <u>Duay</u> additional provisions and exclusions so the validity of this power of attorney or a lid. The meaning and effect of this power of the State of North Carolina. This power of the State of North Carolina.	et forth below. As copy of it unless wer of attorney is	Any person, including my that person knows it has shall for all purposes be effective immediately.	
() Initial	ADDITIONAL PROVISIONS AND EXCLO.	SIONS (OPTIONAL)		
Taxpayer	Signer's Name: Business Name:		Telephone Number(s):		
	Address:		Fax Number:		
	Address:		Email:		
	Address:				
Agent	Agent's Name:		Telephone Number(s):		
	Business Name:		Fax Number:		
	Address: Address:		Email:		
	Address:		Liliali.		
		SIGNATURE AND ACKNOWLED	GMENT		
Your Signature		Date	e		
Your N	Name Printed				
State	of	, County of	, County of		
		person personally appeared before me this day,		that he or she signed the	
Date:			Notary Public		
		_	•		
	(Official S		ped name	, Notary Public	
		My commissi	ion expires:		