

Section 5: Declaration of Principal

- I authorize the Company to provide information to and take direction from the Attorney(s)-in-Fact listed in Section 3. I understand that the Attorney(s)-in-Fact's authority will be recognized by the Company unless and until the Company receives written notice of my revocation of the Power of Attorney.
- I have had the opportunity to consult with my own independent legal advisors regarding the Power of Attorney and affirm that the laws, codes, and statutes of the state where it was executed do not prohibit the Attorney-in-Fact from exercising any of the powers reflected in Section 4 above.
- I agree to indemnify and hold harmless the Company and its agents, employees, and other representatives from any claim and/or liability that may arise from any action the Company takes at the Attorney(s)-in-Fact's direction.

Signature of Principal _____ Date _____

NOTARY SIGNATURE STATE OF _____ COUNTY OF _____

Before me, the undersigned, _____ personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this _____ day of _____ 20 _____

Notary Public _____ My Commission Expires: _____

Section 6: Declaration of Attorney(s)-in-Fact:

- I (we) declare under penalty of perjury that to the best of my(our) knowledge the principal had the capacity to execute the Power of Attorney, is not currently incapacitated or disabled, is alive, has not revoked the power of attorney; and that my(our) powers as attorney-in-fact are reflected accurately in Section 4 above.
- I (we) agree to indemnify and hold harmless the Company and its agents, employees, and other representatives from any claim and/or liability that may arise from any action the Company takes at my (our) direction.

Signature of Attorney-in-Fact _____ Date _____

NOTARY SIGNATURE STATE OF _____ COUNTY OF _____

Before me, the undersigned, _____ personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this _____ day of _____ 20 _____

Notary Public _____ My Commission Expires: _____

Signature of Co-Attorney-in-Fact _____ Date _____

NOTARY SIGNATURE STATE OF _____ COUNTY OF _____

Before me, the undersigned, _____ personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this _____ day of _____ 20 _____

Notary Public _____ My Commission Expires: _____