POWER OF ATTORNEY

By this Power of A	Attorney, I,, of Marion, County, Florida,
appoint	who resides at
, County,	as my attorney in fact to manage
my affairs and act in my stern I authorize my attorn	ead regarding the following enumerated provisions.
1. Draw, endorse, accept	or otherwise deal with any checks or commercial ne. Specifically including the right to make limited
_	hecking or savings accounts held in my name.
2. Settle any account in wh	· ·
STATE OF FLORIDA	/s/(print name and DC#)
COUNTY OF	
before me, the undersigned who produced ID with pho	er of Attorney was sworn to / affirmed and executed ed Notary Public, by, to, as issued by the Florida Department of Corrections, 20
	/s/