

RESIGNATION OF AGENT

I, _____, of address _____, city of _____, County of _____, State of _____, hereby resign as agent under the _____ Power of Attorney created by _____ and dated _____.

My resignation is effective on _____.

Date: _____

Signature of Agent

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Notary Public Signature

My commission expires:

(Notary Seal)