

REVOCATION OF POWER OF ATTORNEY

I, _____, Declarant,
having executed a Statutory Form Power of Attorney on the _____ day of
_____, 20____, naming _____
_____ my attorney-in-fact/agent, do hereby revoke that
Power of Attorney pursuant to its explicit provision that it may be revoked by me.

This is my written revocation of the above referenced Power of Attorney and I am providing a
copy of it to my attorney-in-fact/Agent.

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____

Arkansas Code §18-12-502 provides that "No letter of attorney, duly acknowledged or proved and certified as prescribed by this act, shall be revoked but by the maker of the letter of attorney or his legal representatives, which revocation shall be in writing acknowledged or proved before the proper court or officer and filed for record in the county or counties where the letter of attorney was intended to operate. All such letters of attorney shall be revoked and deemed void from the time of filing revocations for record."

State of Arkansas

County of _____

This document was acknowledged before me on the _____ day of _____,

20____ by _____ (Name of principal).

(Seal, if any)

(Signature of Notarial Officer)

(Title (and Rank))

My commission expires: _____