## LIMITED POWER OF ATTORNEY FOR STOCK TRANSACTIONS AND OTHER CORPORATE POWERS

	AND OTHER CORPORATE POWERS
STATE OF MI COUNTY OF <sub>-</sub>	
whose address Mississippi, constitute and a	MEN BY THESE PRESENT, THAT I,
the righ Bylaws or disso any agre	ing stock options and voting all of my shares of stock in, a Corporation incorporated in the State of, hereinafter "Corporation", without the necessity of a proxy and it to appoint proxies therefor, and possessing all powers that I possess as granted to me by the of said corporation, to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate olve any business; elect or employ officers, directors and agents; carry out the provisions of eement for the sale of any business interest or the stock therein. These powers include, but are ited to, the following:
•	A. Receive, hold, transfer, sell and convey any stock certificates of the Corporation and all documents of title in connection therewith;
,	B. Make, execute and deliver, in my name and on my behalf, for any consideration whatsoever, for cash, instruments of conveyance covering the stock of the Corporation, containing such terms, covenants and conditions deemed necessary or advisable by my agent;

- C. Execute, in my name and on my behalf, such contracts or other assurances as may be requested or required by any bank or other institution or individual when carrying out the powers granted herein; and
- D. Acquire, exchange, buy or sell my stock in the corporation, or any interest therein, on such terms and conditions as my agent shall deem proper. Execute and deliver, in my name and on my behalf, conveyances of said stock.

FURTHER, I do authorize my aforesaid attorney to execute, acknowledge and deliver any instrument under seal or otherwise, and to do all things necessary to carry out the intent hereof, hereby granting unto my said attorney full power and authority to act in and concerning the premises as fully and effectually as I may do if personally present, limited, however, to the purpose for which this limited power of attorney is executed.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "attorney-in-fact".

This Power of Attorney shall be:

<ul><li>( ) Non-Durable</li><li>( ) Durable and shall not be affected by any</li></ul>	y subsequent disability or incompetence
I further declare that any act or thing lawful my said attorney shall be binding on myself and r whether the same shall have been done either	ly done hereunder and within the powers herein stated by my heirs, legal and personal representatives and assigns, before or after my death, or other revocation of this or notice thereof shall have been received by my said
granted to them hereunder, and no person who ma	ions of the agents as to all matters relating to any power y act in reliance upon the representations of the agent or to the principal or his estate as result of permitting the
IN WITNESS WHEREOF, I have here, 20	unto set my hand and seal this the day of
PRINC	CIPAL
WITNESS	
WITNESS	ESTATION
of Mississippi, that the principal is personally know Limited power of attorney in our presence, that the duress, fraud or undue influence, that we are not the and that we witnessed this power of attorney in the	lare under penalty of perjury under the laws of the State on to us, that the principal signed and acknowledged this he principal appears to be of sound mind and under no he person appointed as attorney-in-fact by this document he presence of the principal. We are not related to the e best of our knowledge, are not entitled to any part of the all under a will now existing or by operation of law.
WITNESSES:	WITNESSES:
Signature         Print Name:         Address:         City:       State:         Zip:	Signature         Print Name:         Address:         City:       State:         Zip:
Principal Name and Address	Attorney-in-Fact Name and Address
Name:	Name:

Address:		Address:
City:		City:
State:	Zip:	State: Zip:
Phone:		Phone: