REVOCATION OF GENERAL POWER OF ATTORNEY

| I, | | | | | | | | | | | _, D | eclara | ant, |
|---------|--------------|------|------------|------------|------------|-------|--------------|-------|------|---------|-------|--------|------|
| having | executed | а | General | Durable | Power | of | Attorney | on | the | | | day | of |
| | | | , 2 | 20, na | aming | | | | | | | | |
| | | | | | _ my a | ttorn | ey-in-fact/a | agent | , do | hereby | rev | oke t | hat |
| Power | of Attorney | y pu | rsuant to | its explic | it provisi | on t | hat it may | be r | evok | ed by m | ie by | v writ | ten |
| instrum | ent signed l | by r | ne and del | ivered to | my attorr | ney-i | n-fact/Age | nt. | | | | | |

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

| Signed this | day of | , | 20 |
|-------------|--------|---|----|
| - 0 |) - | | - |

(Principal's Signature)

(Principal's Social Security Number)

The principal has had an opportunity to read the above form and has signed and executed the above form in our presence as the free act and deed of the Principal. We, the undersigned, each being over 18 years of age, witness the principal's signature at the request and in the presence of the principal, and in the presence of each other, on the day and year above set out.

Witnesses:

Signature

Name

Address

Signature

Name

Address

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF OHIO

COUNTY OF _____

Personally appeared before me, a Notary Public in and for the County and State above named,

personally known to me or who proved his/her identity to my satisfaction, who acknowledged that he/she signed the above and foregoing Power of Attorney.

This is the ______, 20____, 20___, 20___, 20___, 20____, 20____, 20____, 20___, 20___, 20___, 20____, 20____, 20____, 20____, 20___,

Notary Public

My Commission expires: _____