

POWER OF ATTORNEY

Know all men by these presents, that the undersigned does hereby make, constitute and appoint

LAST NAME				FIRST NAME				
STREET ADDRESS				CITY STATE		STATE	ZIP CODE	
				my name, place an covering the followin				he
MAKE	YEAR	YEAR			SERIAL NO.			
requisite, ned as the under confirming all	cessary and proper risigned might or colling that said attorney of	to be done in ar ould do with ful r his substitute s	nd ab II pov shall	o do and perform all out the premises as ver of substitution a lawfully do or cause	fully and and revo to be dor	to all intencation here by virtue	ts and purpos by ratifying a hereof.	es
	_		his r	name to be subscribe	ed hereto	this		
day of) <u> </u> -						
X SIGNATURE OF F	PERSON GIVING POWER				CURITY NUM	MBER OF BUYE	R/OWNER	
		ACKI	NON	LEDGEMENT				
State of Ohio, County of				Subscribed and sworn to before me a Notary Public ir				
and for said (County personally ap	peared					wl	no
acknowledge	d the signing of the	foregoing instru	ment	and that such signin	g is his fi	ree act and	deed.	
In Testimony	Whereof, I have he	reunto set my ha	and a	nd affixed my official	seal			
this	day of	, 2	0	_in the county of			_ State of Ohi	0.
				X NOTARY PUBLIC				
				My commissior	n expires			