INDIANA LIMITED POWER OF ATTORNEY

Ι,	whose address is	
		, hereby
appoint	, my true and lawf	ful agent and attorney
in fact to act in my name and behalf for th	e following specific acts:	
This Limited Power of Attorney shall remparty in writing.	nain in full force and effect ur	ntil revoked by either
IN WITNESS WHEREOF, this	day of	, 20
Witnesses:	Witnesses' Signatu	ıres:

STATE OF		
County of		
Subscribed, sworn to and acknowle	dged before me by	,
the Principal, and subscribed, swo	rn to and acknowledged before me this	day
of,		
(Notary Seal)	(Signature of Notary Public)	

Pursuant to Indiana Statute Title 30 – Article 5.