

REVOCATION OF POWER OF ATTORNEY

Minnesota Statutes, § 523.11

TO WHOM IT MAY CONCERN:

I _____, **revoke and declare null and void** the
POWER OF ATTORNEY I granted to _____ which is dated
_____, 200_____.

Please be advised that the above-named person no longer has power to act as my attorney-in-fact in any way.

Date: _____

(Principal)

STATE OF MINNESOTA

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 200_____,

by _____.

Notary Public