REVOCATION OF POWER OF ATTORNEY (GEORGIA)

Reference is hereby made to that certain power of attorney granted by

 , [insert your full name] the Principal, to

 , [insert full name of attorney] the Attorney-in-Fact, and dated the

day of , .

This document constitutes notice that the Principal hereby revokes, rescinds and terminates the said power of attorney and all authority, rights and power thereunder.

DATED at , State of Georgia this day of , .

Signature of Principal

Acknowledgment

State of Georgia )

County of )

Before me, a notary public in and for said County and State, personally appeared the above-named who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free and voluntary act and deed.

Notary Public

My Commission expires:

(SEAL)