

SPECIMEN SIGNATURE OF ATTORNEY-IN-FACT

The attorney-in-fact acknowledges that the signature below is his/her signature.

[Attorney-in-Fact]

[Date]

STATE OF IDAHO)
) ss.
County of _____)

On this _____ day of _____, before me (here insert the name and quality of the officer), personally appeared _____, known or identified to me (or proved to me on the oath of _____), to be the person whose name is subscribed to the within instrument, and acknowledged to me that he (or she) executed the same.

NOTARY PUBLIC FOR IDAHO
My commission expires: _____