

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.

(SEAL)

Notary Public My Commission expires: