Filed for record at the request of:

**WASHINGTON REVOCATION OF POWER OF ATTORNEY**

I revoke the power of attorney I gave to .

Dated:

On

, a person I know to be

appeared before me in person, signed above, and acknowledged that the signing was

done freely and voluntarily for the purposes mentioned above.

Dated:

Notary Public, State of Washington,

residing at: Commission expires:

Pursuant to Chapter 11.94.043 RCW