POWER OF ATTORNEY
FULL FORCE AND EFFECT AFFIDAVIT

Title No. _____

STATE OF NEW YORK :
: ss.:
COUNTY OF _____ :

_____, being duly sworn, deposes and says as follows:

1. I am (the)(an) agent named in the Power of Attorney (hereafter "Power of Attorney") made by _____, as principal (the "Principal"), dated_____.

2. I do not have actual notice that the Power of Attorney has been modified in any way that would affect my ability to authorize or engage in the present transaction for which the Power of Attorney is being used, or notice of any facts indicating the Power of Attorney has been so modified.

3. I do not have actual notice of the termination or revocation of the Power of Attorney, or notice of any facts indicating that the Power of Attorney has been terminated or revoked, and the Power of Attorney remains in full force and effect.

4. If the Principal has been my spouse, we are not divorced and our marriage has not been annulled.

5. If I am a successor agent, the prior agent is no longer able or willing to serve.

_____

Sworn to before me this ____
day of _____, 20___.

_____
Notary Public