WASHINGTON D.C. REVOCATION OF POWER OF ATTORNEY

I, (name), curre		
	(address), he	reby revoke
the power of attorney dated	, 20 (insert date)	
OR		
all powers of attorney executed by me prior to the date	e of execution of this Revoc	cation of Power
of Attorney.		
IN WITNESS WHEREOF, I have set my hand this	day of	, 20
(signature)		
(printed name)		



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF WASHINGTO	JN D.C.)	
) ss	
COUNTY OF)	
On	before me	
	<u> </u>	(insert name and title of the officer)
personally appeared		, who proved to me on the
authorized capacity(ies), and or the entity upon behalf or	nd that by his/her/th f which the person(s OF PERJURY unde	e/they executed the same in his/her/their eir signature(s) on the instrument the person(s), s) acted, executed the instrument. er the laws of the State of Washington D.C. that
the foregoing paragraph is	true and correct.	
WITNESS my hand and of	fficial seal.	
Signature		(seal)



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