

KANSAS LIMITED POWER OF ATTORNEY

I, _____ whose address is _____

_____, hereby
appoint _____, my true and lawful agent and attorney
in fact to act in my name and behalf for the following specific acts:

IN WITNESS WHEREOF, this _____ day of _____, 20____.

This Limited Power of Attorney shall remain in full force and effect until revoked by either
party in writing.
State of _____
County of _____

Subscribed, sworn to and acknowledged before me by _____ ,
the Principal, and subscribed, sworn to and acknowledged before me this _____ day
of _____, _____.

(Notary Seal)

(Signature of Notary Public)