NEVADA REVOCATION OF POWER OF ATTORNEY In Accordance with Nevada § 162A.820

I, (your name), of		(your town), Nevada, hereby		
revoke any and all Pov	vers of Attorney and all authority	to act as my Agent given t	to	
	(Agent's nam	ne). From this date forward	, my former Agent	
has no authority to ha	undle my personal or financial aff	airs. Under Nevada § 162	A.820, my former	
Agent must comply wit	h this revocation. This document	t serves as notice of the re	vocation to the	
Agent and to all parties	that receive it. A photocopy has	the same effect as the ori	ginal.	
The foregoing Revocat	ion was signed by	in oເ	in our presence, and we,	
at her request and in he	er presence, and in the presence	e of each other, each of us	being over the age	
of 18 years, have here	unto subscribed our names as W	/itnesses on this the	day of	
	_, 20			
Witness		Witness		
Street Address		Street Address		
City, State,	and ZIP	City, Stat	e, and ZIP	
,,,,			-,	
STATE OF NEVADA				
COUNTY OF				
BEFORE ME, the under	rsigned authority, on this day per	rsonally appeared		
	(principal), who, hav	ring been duly sworn, state	s that she is executing	
this Revocation in the pr	resence of the two Witnesses as	shown above and for the	purposes therein	
expressed.				
SWORN TO, SUBSCRI	BED AND ACKNOWLEDGED I	BEFORE ME by	and by the	
said witnesses	and		_ , on this day of	
, 20)			

Notary Public, State of _____