

F. SAFE DEPOSIT BOX. I have a safe deposit box, Number _____,

at _____
(BANKING INSTITUTION) (BRANCH) (CITY)

I give my attorney in fact power to enter or have access to that box and to any other safe deposit box in my name either individually or jointly with any other person. I give the power also to remove property from such box or add property to it, and to relocate such box within the banking institution or at another. Powers here given are in addition to those incorporated into this Power of Attorney by reference.

G. DURATION OF POWER OF ATTORNEY. SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS: [in case of insufficient striking, provision a applies]:

- a. This Power of Attorney is not terminated by my incapacity.
- b. This Power of Attorney terminates on ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ at ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
(DATE) (TIME)
- c. This Power of Attorney terminates upon my incapacity or on ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ at ~~XXXXXXXXXXXXXXXXXXXX~~, whichever first occurs.
(DATE) (TIME)

H. REVOCATION OF PRIOR POWERS. I do/do not [strike one] revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney. In case of failure to strike, prior powers are revoked.

I. GUARDIANS. If protective proceedings for my person or for my estate, or for both, are commenced, I nominate Lawrence J. Kujawa as guardian of my person, and Lawrence J. Kujawa as guardian of my estate, to serve in each case without bond as may be permitted by law.

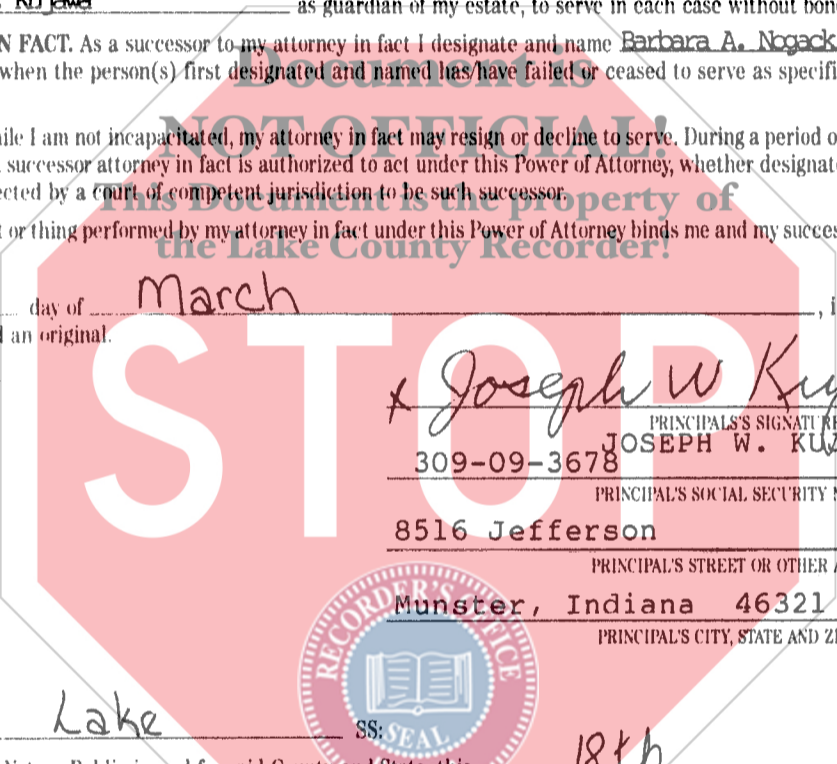
J. SUCCESSOR ATTORNEY IN FACT. As a successor to my attorney in fact I designate and name Barbara A. Nogacki. Such successor shall become my attorney in fact when the person(s) first designated and named has/have failed or ceased to serve as specified in the Statute, or has/have declined to serve.

By giving me written notice while I am not incapacitated, my attorney in fact may resign or decline to serve. During a period of my incapacity, my attorney in fact shall continue to serve until a successor attorney in fact is authorized to act under this Power of Attorney, whether designated and named in this Power of Attorney as such successor or selected by a court of competent jurisdiction to be such successor.

K. BINDING EFFECT. Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.

Signed this 18th day of March, in 3 counterparts, each of which shall be considered an original.
Counterpart No. 1

Joseph W Kujawa
 PRINCIPAL'S SIGNATURE
 JOSEPH W. KUJAWA
 309-09-3678
 PRINCIPAL'S SOCIAL SECURITY NUMBER
 8516 Jefferson
 PRINCIPAL'S STREET OR OTHER ADDRESS
 Munster, Indiana 46321
 PRINCIPAL'S CITY, STATE AND ZIP CODE



STATE OF INDIANA, COUNTY OF Lake SS: 18th

Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of March, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

America L. McAlpin
 NOTARY PUBLIC'S SIGNATURE
 America L. McAlpin
 NOTARY PUBLIC'S NAME, PRINTED OR TYPED

My Commission Expires: 02/11/00 Resident of Lake County.

This instrument prepared by America L. McAlpin, BLACKMUN, BOMBERGER & MORAN, Attorney at Law. 9006 Indianapolis Boulevard, Highland, Indiana 46322

MAIL TO: _____ c COPYRIGHT. THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC. (REV. 2-97)

Handwritten mark