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REVOCATION OF POWER OF ATTORNEY

I, James E. Larson, Sr., Declarant, having executed a General Durable Power of Attorney on the 29th day of April, 2005, naming James E. Larson, Jr. and Dean R. Larson, as my attorney-in-fact/agent, do hereby revoke that Power of Attorney pursuant to its explicit provision that it may be revoked by me by written instrument signed by me and delivered to my attorney-in-fact/Agent.

This is my written revocation of the above referenced General Durable Power of A	ttorne	ey and I	
am providing a copy of it to my attorney-in-fact/Agent.	200		
DATED this the 30th day of January, 2006.	6 0		
Signature of Declarant: James Hurson	160		
Printed Name of Declarant: AMES F LAMES ON IAI	901		
Address of Declarant: 20403 Wicker, Lot 2 ent is the property of Lowell, IN 46356 e County Recorder!	•	.w	
STATE OF INDIANA COUNTY OF LAKE	2006 FEB - 6 PM	STATE OF IND LAKE COUP FILED FOR RE	
Before me, a Notary Public in and for said County and State, did personally Principal named above, and acknowledged the execution of the above instrument Principal's voluntary act and deed, for the uses and purposes therein stated.	y app nest	eas the	
IN WITNESS WHEREOF, I have hereunto set my hand and official seal this of	304	day	
County of Residence: Lake My Commission Expires: June 27, 2012 NOTARY PUBLIC			\$17
		۸ م	\$ 150

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant