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POWER OF ATTORNEY

I, Fred Biancardi, individually and as trustee u/p/o Biancardi Living Trust, dated December 15, 1998, of Crown Point, Indiana, hereby create a Power of Attorney, and appoint the following person as my Attorney in Fact, with power to act for me according to Indiana Code (IC) 30-5-5, as it now exists or as it may be amended in the future:

RICHARD A. MILLER

1. POWERS:

I give my Attorney in Fact the powers contained in this Power. These powers are granted upon the condition they will be used for my benefit and on my behalf and will be exercised only in a fiduciary capacity.

- a. Real Property. Authority with respect to real property transactions pursuant to IC 30-5-5-2;
- b. Business. Authority with respect to business operating transactions pursuant to IC 30-5-5-6;
- c. All Other Matters. Authority with respect to all other possible matters and affairs pursuant to IC 30-5-5-19.

In the exercise of any powers described in this Power, Attorney in Fact shall have full power and authority to do and perform every act and thing necessary, proper or convenient to be done as fully to all intents and purposes as I might or could do for myself.

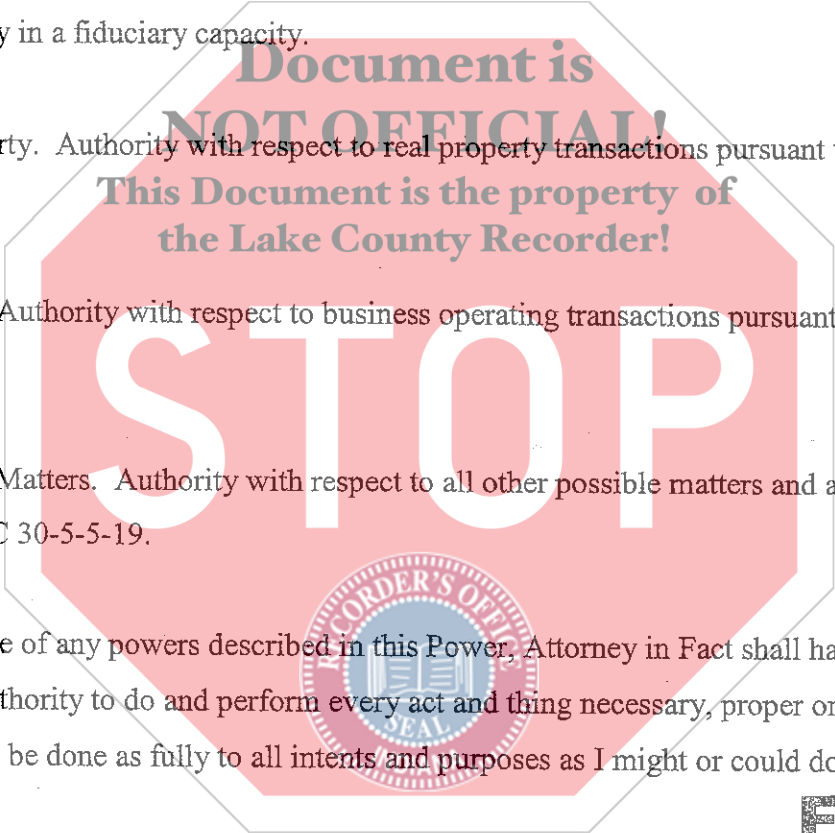
I ratify and confirm all that my Attorney in Fact does, or causes to be done, under the authority granted in this Power. All documents signed, endorsed, drawn, accepted, made

2006 093676

2006 OCT 25 04:2:29

MICHAEL A. STOWAN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



FILED

OCT 25 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

22027

CS
20-00
O.A.M.

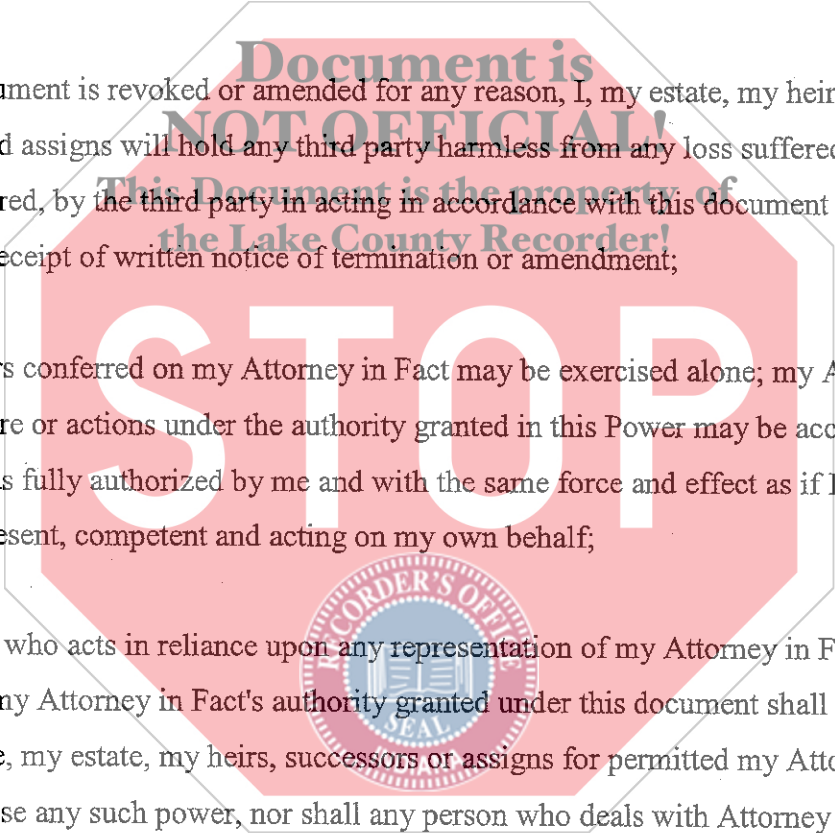
executed, or delivered by my Attorney in Fact shall bind me, my estate, my heirs, successors and assigns.

2. EFFECTIVE DATE:

This Power of Attorney shall take immediate effect upon my signing.

3. RELIANCE BY THIRD PARTIES:

To induce third parties to act in accordance with the powers granted to my Attorney in Fact in this Power, I represent and warrant that:

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- a. If this document is revoked or amended for any reason, I, my estate, my heirs, successors and assigns will hold any third party harmless from any loss suffered, or liability incurred, by the third party in acting in accordance with this document before the third party's receipt of written notice of termination or amendment;
 - b. The powers conferred on my Attorney in Fact may be exercised alone; my Attorney in Fact's signature or actions under the authority granted in this Power may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent and acting on my own behalf;
 - c. No person who acts in reliance upon any representation of my Attorney in Fact as to the scope of my Attorney in Fact's authority granted under this document shall incur any liability to me, my estate, my heirs, successors or assigns for permitted my Attorney in Fact to exercise any such power, nor shall any person who deals with Attorney in Fact be responsible to determine or ensure the proper application of funds or property.

4. TERMINATION:

I revoke all prior general Powers of Attorney that I may have executed. I retain the right to revoke or amend this Power and to substitute other Attorneys in Fact in place of any of those named in this Power. This Power shall continue in full force and effect until I, personally, have signed a written document specifically revoking this Power.

Amendments to this Power shall be made in writing by me personally. Any revocation or amendment of this Power must be recorded in the same County or Counties as the original, if the original is recorded.

5. AUTHORITY OF SUCCESSOR ATTORNEY IN FACT:

a. Any Attorney in Fact named in this Power shall be considered to fail or cease to serve, when:

The Attorney in Fact dies, resigns, is adjudged incapacitated by a Court, cannot be located upon reasonable inquiry.

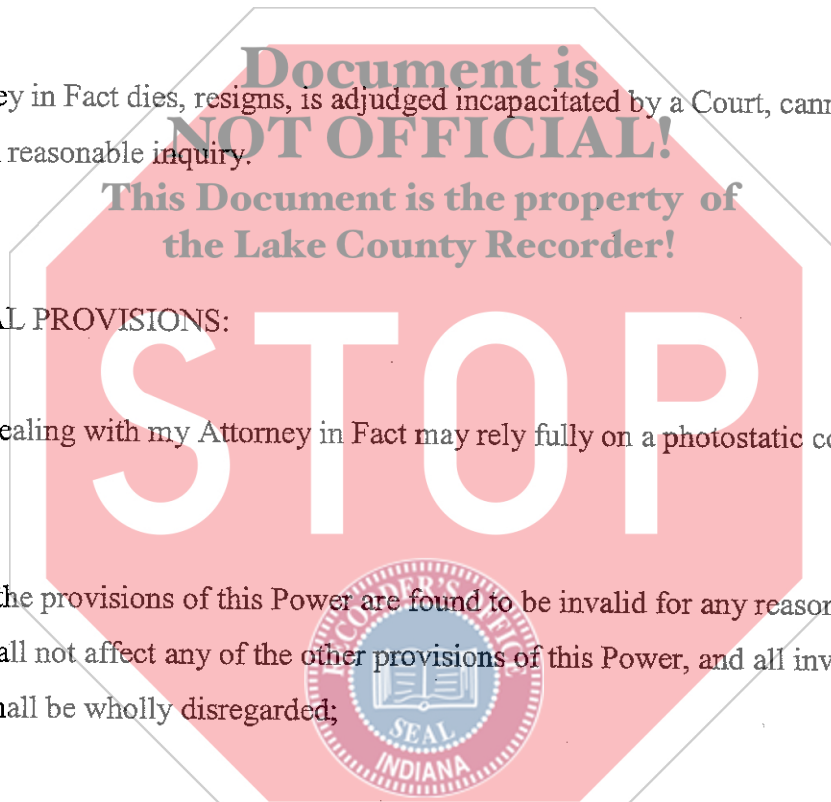
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7. GENERAL PROVISIONS:

a. Persons dealing with my Attorney in Fact may rely fully on a photostatic copy of this Power;

b. If any of the provisions of this Power are found to be invalid for any reason, this invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded;

c. All questions pertaining to validity, interpretation and administration of this Power shall be determined in accordance with the laws of Indiana;



d. My Attorney in Fact shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence;

e. I have received from my Attorney, a copy of those sections of Indiana Code 30-5-5 which are incorporated by reference in Section 1 of this Power. I have reviewed these powers and am incorporating by reference herein those which comply with my wishes.

IN WITNESS THEREOF, I have hereunto set my hand and seal on this 20th day of September, 2006.

FRED BIANCARDI, individually and as trustee u/p/o Biancardi Living Trust, dated December 15, 1998

STATE OF INDIANA)
COUNTY OF LAKE)

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This Document is the property of the Lake County Recorder!

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Fred Biancardi, individually and as trustee u/p/o Biancardi Living Trust, dated December 15, 1998 and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 20th day of September, 2006.

My commission expires: _____



Signature: _____

Printed: _____

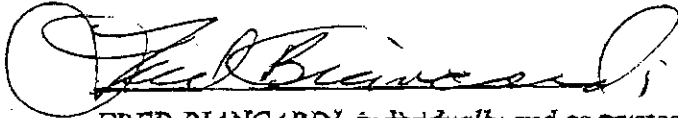
Resident of Lake County, Indiana

This instrument was prepared by: RICHARD A. MILLER, #9359-45, Richard A. Miller & Associates, 370 W. 80th Place, Merrillville, IN 46410 Tel: (219) 756-9390

d. My Attorney in Fact shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence;

e. I have received from my Attorney, a copy of those sections of Indiana Code 30-5-5 which are incorporated by reference in Section 1 of this Power. I have reviewed these powers and am incorporating by reference herein those which comply with my wishes.

IN WITNESS THEREOF, I have hereunto set my hand and seal on this 20th day of September, 2006.



FRED BLANCARDI, individually and as trustee w/p/o Biancardi Living Trust, dated December 15, 1998

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Fred Biancardi, individually and as trustee w/p/o Biancardi Living Trust, dated December 15, 1998 and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 20th day of September, 2006.

My commission expires:
May 22, 2010

Signature: 

Printed: Lori A. Williams
Resident of Lake County, Indiana

This instrument was prepared by: RICHARD A. MILLER, #9359-45, Richard A. Miller & Associates, 370 W. 80th Place, Merrillville, IN 46410 Tel: (219) 756-9390

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: 