

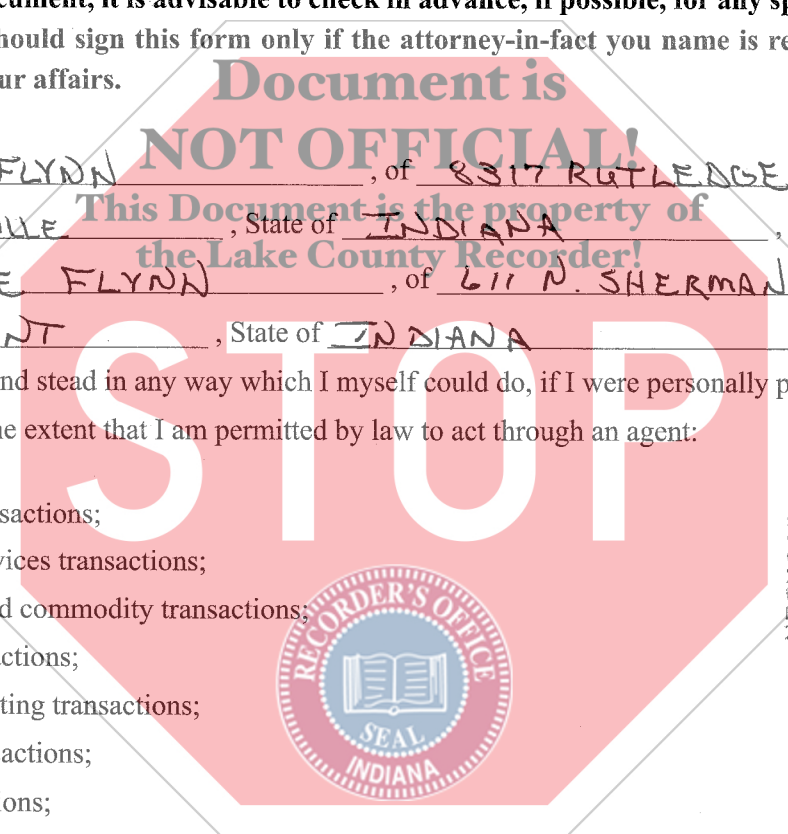
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General Power of Attorney

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. **THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED OR INCAPACITATED.** This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs.

I, ISABELL FLYNN, of 8317 RUTLEDGE STREET,
 City of MERRILLVILLE, State of INDIANA, as principal, do hereby
 appoint: CHRISTINE FLYNN, of 611 N. SHERMAN STREET,
 City of CROWN POINT, State of INDIANA, my attorney-in-fact
 to act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to
 the following matters to the extent that I am permitted by law to act through an agent:

- (a) real estate transactions;
- (b) goods and services transactions;
- (c) bond, share and commodity transactions;
- (d) banking transactions;
- (e) business operating transactions;
- (f) insurance transactions;
- (g) estate transactions;
- (h) claims and litigation;
- (i) personal relationships and affairs;
- (j) benefits from military service;
- (k) records, reports and statements;
- (l) retirement benefit transactions;
- (m) making gifts to my spouse, children and more remote descendants, and parents;



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 MICHAEL A. BROWN
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
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_____ (n) tax matters;

_____ (o) all other matters;

_____ (p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select;

_____ ~~(q)~~ unlimited power and authority to act in all of the above situations (a) through (p)

If the attorney-in-fact named above is unable or unwilling to serve, I appoint JAMES FLYNN,
of 611 N. SHERMAN STREET, City of CROWN POINT, State of
INDIANA, to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney.

This power of attorney shall not be effective in the event of my future disability or incapacity. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence.

Dated: MARCH 26, 2008

Signature and Declaration of Principal

I, ISABELL FLYNN, the principal, sign my name to this power of attorney this
26 day of MARCH 2008 and, being first duly sworn, do declare to the undersigned authority
that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another
to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and
that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Isabell Flynn

Signature of Principal

Witness Attestation

I, Diana S. Sukta, the witness, sign my name to the foregoing power of attorney being
first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as
his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I,
in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that
to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or
undue influence.

Diana S. Sukta

Signature of Witness

Notary Acknowledgment

State of Indiana County of Lake

Subscribed, sworn to and acknowledged before me by Isabell Flynn, the Principal, and
subscribed and sworn to before me by Diana S. Sukta, witness, this 26th day of
March, 2008.

Lauri D. Haug
Notary Signature

Notary Public,

In and for the County of Lake State of Indiana

My commission expires: August 31, 2009

Seal

Acceptance of Appointment as Attorney-in-Fact

I accept my appointment as Attorney-in-Fact.

Christine Flynn
Signature of Attorney-in-Fact

CHRISTINE FLYNN
Printed Name of Attorney-in-Fact

