

Power of Attorney

1. The Grantor of this Power Of Attorney is:

Patrick Hoffmann

2. The Attorney-in-Fact is:

Sherry

Wittig

3. Creation of this Power of Attorney.

By signing this document, I, Patrick Hoffmann intend to create a restricted power of attorney for Sherry Wittig

4. Authority of My Attorney-in-Fact.

I grant attorney-in-fact full power and authorize him or her to do and perform all and every act which I could do or perform including signing any and all documents needed and I hereby ratify and confirm all that my attorney-in-fact shall do or cause to be done under this durable power of attorney.

Executed this 15th day of December, 2009.

Patrick Hoffmann

Patrick H. Hoffmann
Print Name
Signature Patrick H. Hoffmann

"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: Mark E. Cooley

Notary Affidavit

State of Indiana
County of Lake

STOP
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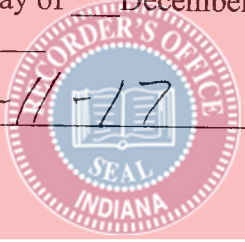
On this day, before me, the undersigned authority, in and for and residing in the above County and State, personally appeared Patrick Hoffmann, who is personally known to me to be the same person whose name is subscribed to the foregoing document, and being duly sworn, he/she verified that the information contained in the foregoing document is true and correct on personal knowledge and acknowledged that said document was signed as a free and voluntary act.

Subscribed and sworn this 15th day of December, 2009

Signature

My commission expires on: 6-11-17

Holly Wang



Holly Lynett Wang
Notary Public Seal State of Indiana
Lake County
My Commission Expires 06/11/2017