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When Recorded Return To:

2014 029049

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY 21 AM 11:17

MICHAEL B. BROWN
RECORDER

SBA Loan Name: HOBART ANIMAL CLINIC INC
SBA Loan Number: 2126766008

Limited Power of Attorney To Prepare & Execute Lien Release Instruments

REGIONAL DEVELOPMENT COMPANY is a Certified Development Company ("CDC"), certified by the United States Small Business Administration ("SBA") to participate in the SBA loan program designed to help small businesses finance the purchase or construction of a long-term fixed asset ("Asset") such as real estate, buildings, and equipment (the "504 Program").

In accordance with 504 Program rules, CDC used the proceeds of a debenture guaranteed by SBA ("Debenture") to partially finance a borrower's purchase of an Asset (the "CDC loan") which is secured by a lien on the Asset and other borrower property as deemed appropriate by the CDC (the lien on the Asset and other borrower property is hereinafter referred to collectively as "Liens"). In consideration of SBA's guaranty of the CDC Debenture, CDC, among other things, (1) assigned to SBA the Liens and the note underlying the CDC loan and (2) agreed to continue to service the CDC loan.

Borrower has paid the CDC loan in full as evidenced by a notice from Wells Fargo Bank and a note marked by SBA officials as "Paid in Full" in the possession of the CDC. SBA hereby authorizes CDC to, as either SBA's agent or attorney-in-fact, prepare, sign, file and or record on SBA's behalf, without SBA's review and approval, documents necessary to release SBA's lien interest in the Asset and any other borrower or guarantor property securing the repayment of this loan upon which the agency has a lien or security interest.

SBA, as principal, further authorizes CDC officers authorized to sign documents on behalf of the CDC, as attorneys-in-fact, to sign and file and to record lien releases in connection with the subject loan as well as make delivery to the party legally entitled thereto.

This authorization does not limit in any manner the duties, obligations, and responsibilities of CDC to SBA and the authorization may be rescinded in writing at any time in the sole discretion of SBA.

ADMINISTRATOR, UNITED STATES
SMALL BUSINESS ADMINISTRATION,
AN AGENCY OF THE UNITED STATES

By

De Vriann Martin
De Vriann Martin
Collateral Cashier

(Date)

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State of California)
)
County of Fresno)

On 4/23/14 before me, Monica Sheryl Williams a Notary Public, personally appeared De Vriann Martin, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that he/~~she~~ they executed the same in his/~~her~~ their authorized capacity(ies), and that by his/~~her~~ their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Monica Sheryl Williams

