POWER OF ATTORNEY

OF

RADISAV MILIC, AS SOLE MEMBER RAY GENERAL CONSTRUCTION, LLC

TO

PAVEL TERZIOSKI

made under Indiana Code 30-5, as it may be amended, or replaced (the "Statute")

I, as principal, designate and name PAVEL TERZIOSKI to be my attorney in fact.

A. Powers. According to the Statute, an attorney in fact has a power granted under IC 39-5 if the power of attorney incorporates the power. Therefore, by referring to the language of the Statute describing powers, this Power of Attorney incorporates into it the powers here listed and confers general authority with respect to them: real property transactions (IC 30-5-5-2); tangible personal property transactions (IC 30-5-5-3); banking transactions (IC 30-5-5-5); records, reports, and statements (IC 30-5-5-14); all other matters (IC 30-5-5-19); as such powers relate to and are required to administer, manage, lease, sell and perform all other necessary or prudent acts relating to the following real estate:

The North Half, by parallel lines, of Lot 12 in Glenwood Manor Subdivision, as per plat thereof, recorded in Plat Book 75, page 84, in the Office of the Recorder of Lake County, Indiana.

Parcel No.: 45-12-03-277-002.000-030

More commonly known as: 5610 Indiana Street, Hobart, IN 46342

IN FURTHERANCE OF THESE POWERS, I give my attorney in fact power to act on my behalf and to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this Power of Attorney, as fully as I could do for myself.

- B. Reservation of Power to Act and to Revoke. I reserve unto myself, however, the power to act on my own behalf and also to revoke or amend this Power of Attorney.
- C. Chapters of Statute Also Applicable. The following chapters of the Statute also apply to this Power of Attorney and acts performed under it:

Definitions (IC 30-5-2) General Provisions (IC 30-5-3) Duties (IC 30-5-6) Reliance (IC 30-5-8) Liabilities (IC 30-5-9) Termination (IC 30-5-10)

- D. Liability of Attorney in Fact. As permitted by IC 30-5-9-5, I, as principal, specifically provide that my attorney in fact is liable only if my attorney in fact acts in bad faith.
- E. Reliance on Power of Attorney. In addition to provisions of the Statute regarding reliance, all other persons to whom this Power of Attorney may be delivered may rely on its being in effect unless I shall have executed a proper instrument revoking or changing it and delivered such instrument, or caused it to be delivered to such persons or have recorded a revocation of such in the office of the Recorder of the county in which the Real Estate is located.

PTSY-7525
WHEN RECORDED RETURN TO:
PROFESSIONALS' TITLE SERVICES LLC
9195 BROADWAY
MERRILLVILLE, IN 46410

CASH___CHARGE_CHECK#_OVERAGE_COPY___

NON-CONF____

F. Duration of Power of Attorney . SELECT ONLY ONE OF THE FOLLOWING PROVISIONS BY STRIKING ALL INAPPLICABLE PROVISIONS; (in case of insufficient striking, provision a applies):
a. This Power of Attorney is not terminated by my incapacity. b. This Power of Attorney terminates on 1213112014 at Michever first occurs. c. This Power of Attorney terminates upon my incapacity or on at whichever first occurs.
G. Revocation of Prior Powers. I do not revoke all powers of attorney I signed before the date of this Power of Attorney. Revocation does not affect the validity of an act performed under a prior power of attorney.
H. Binding Effect . Any act or thing performed by my attorney in fact under this Power of Attorney binds me and my successors in interest, as the Statute provides.
Signed this 5th day of July ,2014 . PRINCIPAL'S SIGNATURE
5119 East 106 Place PRINCIPAL'S STREET OR OTHER ADDRESS
CROWN POINT IN PRINCIPAL'S CITY, STATE AND ZIP CODE
STATE OF INDIANA SS: COUNTY OF Latte Before me, the undersigned, a Notary Public in and for said County and State, this day of July, personally appeared the principal named above, signed this Power of Attorney, and acknowledged the execution of it, as the voluntary act and deed of the principal, for the uses and purposes therein stated.
IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day, and year last above written.
My Commission Expires: 02/01/2014 Resident of County.
On behalf of Professionals' Title Services, LLC, this instrument prepared by: Victor H. Prasco Burke Costanza & Carberry LLP Notary Public. State of Indiana 9191 Broadway Merrillville, Indiana 46410 (219) 769-1313 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 lay As agent for Professionals' Title Services, LLC, i