Notice of Revocation of Power of Attorney

I, (name)		, of the
City of,	, County of	, State of
California, revoke the power of attorney	dated,	empowering
(name(s))		, to act

as my agent. I revoke and withdraw all power and authority granted under that power of

attorney.

Dated: _____

Signature of Principal

Principal

	ACKNOWLEDGMENT
of the individual who s	er officer completing this certificate verifies only the identity gned the document to which this certificate is attached, s. accuracy. or validity of that document.
State of California County of)
On	before me, (insert name and title of the officer)
	(insert name and title of the officer)
personally appeared	
is/are subscribed to the w	basis of satisfactory evidence to be the person(s) whose name(s) ithin instrument and acknowledged to me that he/she/they execute authorized capacity(ies), and that by his/her/their signature(s) on the
	or the entity upon behalf of which the person(s) acted, executed th
instrument the person(s), instrument.	OF PERJURY under the laws of the State of California that the
instrument the person(s), instrument. I certify under PENALTY	OF PERJURY under the laws of the State of California that the law and correct.