



REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I,		,
a resident of(County, State of	
presents do hereby absolutely revoke, cancel, co	untermand, annul and make void a cert	tain Power of Attorney,
dated	_, heretofore executed by me, herein a	and hereby I did appoint
	whose address is	
my attor	rney for the purposes in and said powe	r set forth.
WITNESS MY HAND AND SEAL, THIS	DAY OF	20
FORM DOES NOT HAVE TO RE N	OTORIZED IF WITNESSED BY FBFCU EM	DI OVEE
	NOWLEDGEMENT	ILOTEE
	AROLINA COUNTY OF CUMBERLAND	
l,, do he	ereby certify that I am a commissioned,	, qualified and authorized
Notary Public in and for the County of CUMBERI	LAND, State of NORTH CAROLINA and t	hat
, grant	or in the foregoing Revocation of Powe	er of Attorney, personally
appeared before me, the said named to me kno	wn and known to me to be the person	described in and who
executed the foregoing instrument and acknow	ledged that he executed the same and	being dully sworn by me,
made oath that the statements in the foregoing	; instrument are true.	
My commission expires:	NOTARY PUBLIC/SEAL	
	,	
A COPY OF THIS REVOCATION WAS RECEIVED BY	/ ME ON	