SIGNING SOLUTION LIMITED POWER OF ATTORNEY

I, _____ (Full Name) of _____ (Address) hereby appoint SIGNING SOLUTION of 10929 East Colfax Avenue, Aurora, Colorado [80010] as my attorney in fact to act in my capacity to Sign, notarize and send documentation at my request that I may legally do by my own hand, where Signing Solution will act in my stead as Acting Agent via this Power of Attorney. This power shall be in full force and effect on the date below written and shall remain in full force and effect until the conclusion of services or by cancelation in writing by either party. Furthermore I Indemnify Signing Solution from all actions done on my behalf holding Signing Solution harmless in all instances where actions are done in good faith with clean hands.

Please also remember to include a copy of a photo ID with this form.

_____ _____

Declarants Name Printed Declarants Signature

WITNESSES

We the undersigned Witnesses hereby STAND and Attest that the Declarant as seen above, signed this document on this _____ day of _____, 201__, of their Own Free Will, as witnessed by Our Signatures below:

_____ _____

First Witness Signature **Second Witness Signature**

Address:_____ **Address:**_____

_____ _____

_____ _____

OR

JURAT

STATE OF _____)
) Scilicet
County of _____)

SUBSCRIBED TO before me this _____ day of _____, A.D. 201__,
_____ a Notary, that _____,
personally appeared and known to me to be the man whose name subscribed to the within instrument and acknowledged to be the same.

_____ Seal;

Notary Public in and for said State

My Commission expires; _____