

Tennessee Limited Power of Attorney

BE IT ACKNOWLEDGED that I, _____ (Principal Name), of
_____(Principal Address), the undersigned, do hereby grant a
limited and specific power of attorney to _____ (Name of
Attorney-In-Fact), of
of _____ (Address of Attorney-In-Fact) and
_____(Phone number of Attorney-In-Fact)
as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and
perform only the following acts on my behalf:

The authority herein shall include such incidental acts as are reasonably
required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and
agrees to act and perform in said fiduciary capacity consistent with my best
interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may
be revoked by me at any time, and shall automatically be revoked upon my death,
provided any person relying on this power of attorney shall have full rights to accept
and reply upon the authority of my attorney-in-fact until in receipt of actual notice
of revocation.

Signed _____ (Date).

State of Tennessee
County of _____

This document was acknowledged before me on _____ (Date), by
_____(Name of Principal).



Signature of Notary
My commission expires:_____