

CERTIFICATE OF NON-REVOCATION
OF POWER OF ATTORNEY

I, _____ *[name of person holding Power of Attorney]*,
_____ *[occupation]* of _____ *[address]*
do hereby certify that the Power of Attorney (copy attached hereto) made on the
____ day of _____ 20__ by _____ *[person by*
whom the attorney is appointed] HAS NOT BEEN REVOKED and remains in force as
at this day.

Dated at _____ on this _____ day of _____ 200 ____

Signed by the Attorney: _____

In the presence of: _____

Witness:

[full name of witness]

[occupation of witness]

[address of witness]