

RECORDING REQUESTED BY,)
 AND WHEN RECORDED)
 MAIL TO:)
 ✓ DONA BELLE NEUDAUER)
 960 SUNVIEW CT.)
 CARSON CITY, NV 89705)

**FINANCIAL
 POWER OF ATTORNEY**

**ARTICLE I
 CREATION OF POWER OF ATTORNEY**

Appointment of Attorney-in-Fact

I, Dona Belle Neudauer, (hereinafter sometimes referred to as "Principal"), appoint Albert Ernest Neudauer as my Attorney-in-Fact (hereinafter sometimes referred to as "Agent"). My Agent shall act for me and in my name as authorized in this document. Upon the death, resignation or legal disability of Albert Ernest Neudauer as my Attorney-in-Fact, then I appoint Jess Dean Neudauer as my Successor Attorney-in-Fact.

The initial Attorney-In-Fact named above shall be replaced upon his or her death, resignation or legal disability, and the Successor Attorney-In-Fact, if any is named, shall replace and succeed the initial Attorney-In-Fact, and shall carry out the terms of this Durable Power of Attorney for financial matters as set forth herein.

I give my Attorney-in-Fact the powers set forth in Article II of this Power of Attorney with the understanding that they will be used for my benefit and on my behalf and will be exercised only in a fiduciary capacity. This Power shall become effective upon my incapacity as determined in accordance with Article III of this General Durable Power of Attorney.

Creation of Durable Power of Attorney

By this document I intend to create a durable power of attorney for financial matters under the laws of the state of NV. This power of attorney is a durable power of attorney and shall not be affected by my subsequent incapacity.

Nomination of Conservator

If a conservator is to be appointed for me, I nominate the persons I have appointed to hold this Financial Power of Attorney (in the same order of preference) to serve as the conservator of my estate. I request the court to grant to any Conservator of my estate the additional powers

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as provided in this Durable Power of Attorney.

ARTICLE II POWERS OF ATTORNEY-IN-FACT

Powers Related to Property Management

I give my Attorney-in-Fact the following powers that may be necessary for the management of my property:

- (1) To open, close, any commercial or personal checking or savings account, either in my own name or jointly with another, and to make any deposits or withdrawals therefrom.
- (2) To sell or lease real property, and to encumber any real property owned by me or in which I have an interest.
- (3) To hire such property managers and other professionals to oversee, manage, sell, or encumber any real property I may own.
- (4) To collect and receive all amounts owing to me from any source, including from contractual debts of any kind, dividends, insurance proceeds and bequests, and retirement funds of and proceeds of any kind, and to select the manner of payment and distribution, whether in lump sum or otherwise, of any such proceeds.
- (5) To open or close any safety deposit box I may own either in my own name or jointly with another, and to deposit or withdraw any tangible goods and documents therefrom.
- (6) To file suit to collect on any promissory note receivable, whether secured or unsecured, and any related deed of trust, and/or to compromise a claim thereon.
- (7) To purchase or sell personal property of every kind and nature, including securities of any kind, and to execute any documents necessary for such purchase or sale.
- (8) To open accounts with brokers and securities agents for purpose of buying and/or selling securities of any kind, and to borrow against any such securities.
- (9) To vote, either in person or by proxy, for any matter in which a shareholder is entitled to vote, for any securities that I may own.
- (10) To file suit and to defend against suits of any nature brought by or against me in any court of law.
- (11) To hire professionals for purpose of preparing any tax return of any kind which I may be required to file with any governmental agency, and to pay, compromise or object

to the payment of any such taxes.

(12) To appear before any court dealing with a tax matter of any kind, to hire professionals to represent him or her before such tribunal, and to defend, compromise, and object to any such claim.

(13) To borrow money, including but not limited to bank loans, unsecured loans, secured loans, credit card loan, and to give hypothecate my personal property assets as security therefore.

(14) To receive and open any mail I receive from any source, to respond thereto in my name, and to give any appropriate change of address to facilitate same.

(15) To collect and secure any documents owned by me or pertaining to any matters affecting me, including any contracts, insurance policies, wills, trusts, account statements, bills, checkbooks, or any other such documents.

(16) To hire investment counsel, attorneys, accountants, brokers, or any other specialists with respect to the purchase, sale, preservation, collection, and defense of my assets.

(17) To make reasonable gifts on my behalf to those members of any class of persons to whom I have made reasonable gifts to in the past.

(18) To exercise or release any power of appointment I may hold.

(19) To release, assert, defend against or assert any marital rights to any property I may own or have a claim to.

(20) To create, revoke, and amend any revocable or irrevocable trust for the benefit of myself and/or any of my issue, whether currently in existence or not, and to add to or remove from any such trust any asset or property.

(21) To apply for and receive governmental assistance of every kind, whether federal or state level, including Medi-Care, any benefits for the elderly, Social Security, and any other governmental agency of any kind available to me now or in the future.

(22) To implement any strategy for the preservation of assets in the event of my disability or requirement for long-term nursing home care.

(23) To apply, obtain and pay for any life insurance, medical insurance, disability insurance, or any other private or public insurance benefit, and to collect, negotiate, compromise and/or collect against same.

(24) To maintain my household in the fashion I am or was accustomed to prior to my incapacity, including the maintenance of my residence, home, furnishings, pets and other

live animals, and to hire and pay for the upkeep of same including utilities and maintenance costs.

Restrictions on Powers.

The following powers are excluded from the powers set forth above:

- (1) To act as Trustee under an Irrevocable Trust wherein my Attorney-in-Fact is Trustor and I am Trustee.
- (2) To discharge any support obligations of the Attorney-in-Fact.
- (3) To amend any insurance policy owned in my name, and which insures the life of the Attorney-in-Fact.

ARTICLE III DETERMINATION OF INCAPACITY

"Incapacity" shall be established by certification of two physicians licensed to practice in the state of NV (or the state which is my residence on the date of the incapacity) that I am unable to care properly for myself or my property, or by a decree of a court of competent jurisdiction that I am unable to care for myself or my property.

Any such physician's statement of judicial decree shall be attached to this Power of Attorney for this Power of Attorney to be effective, and if recorded such statement or decree shall be recorded as an attachment to this Power of Attorney.

In the event I have regained capacity, as evidenced either through the statements of two physicians, or a decree of a court of competent jurisdiction, that I am able to care for myself and property, this Power of Attorney shall be revoked.

Except for myself, I expressly prohibit any person from contesting the validity and creation of any Power of Attorney created herein, or the fact of my incapacity as determined as set forth above. If any person contests this Power of Attorney or the fact of my incapacity, I request such person not be named a conservator of my person or my estate.

ARTICLE IV MISCELLANEOUS

Reliance by Third Parties.

If this document is revoked or amended for any reason, I, my estate, my heirs, successors, and assigns will hold any third party harmless from any loss suffered, or liability incurred, by the third party in acting in accordance with this document before the third party's receipt of written notice of termination or amendment.

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No person acting in reliance upon any representation of my Attorney-in-Fact as to the scope of his authority granted under this document shall be liable to me, my estate, my heirs, successors, or assigns for permitting my Attorney-in-Fact to exercise any such power, nor shall any person who deals with my Attorney-in-Fact be responsible to determine or ensure the proper application of funds or property.

Ratification

I ratify and confirm all that my Attorney-in-Fact does or causes to be done under the authority granted in this Power of Attorney. All contracts, promissory notes, checks, or other bills of exchange, drafts, other obligations, stock powers, instruments, and other documents signed, endorsed, drawn, accepted, made, executed, or delivered by my Attorney-in-Fact shall bind me, my estate, my heirs, successors, and assigns.

Exculpation of Attorney-in-Fact

The Attorney-in-Fact shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence.

Revocation and Amendment

I revoke all prior General Powers of Attorney that I may have executed and I retain the right to revoke or amend this document and to substitute other attorneys in fact in place of my Attorney-in-Fact. Amendments to this document shall be made in writing by me personally (not by my Attorney-in-Fact) and they shall be attached to the original of this document and recorded in the same county or counties as the original if the original is recorded.

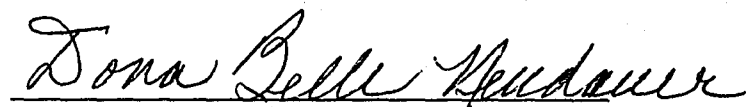
Severability

If any of the provisions of this Power are found to be invalid for any reason, such invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded.

Governing Law

This Power of Attorney shall be interpreted under the laws of the state of NV.

On this 25 day of JULY, 2000, in the County of ^{CARSON CITY} ~~Douglas~~, State of NV, I herewith sign this instrument and declare it to be my last Power of Attorney for financial matters.


Dona Belle Neudauer

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State of NV)
) ss
County of Carson City)
Douglas)

On this 25 day of JULY, 2000, before me, DALE WHITFIELD, personally appeared Dona Belle Neudauer, proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

DALE WHITFIELD
Notary Public, State of Nevada
Appointment No. 00-62366-3
My Appt. Expires March 16, 2004

[Signature]
Signature of Notary

After you have either (i) saved this document to file, or
(ii) printed this document, then click below on the
"End of Document" Button to go to your HEALTH CARE POWER OF
ATTORNEY FOR HUSBAND.

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REQUESTED BY
Alburt C Neudauer
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 SEP -8 PM 1:58

LINDA SLATER
RECORDER

\$ 12.00 PAID BC DEPUTY

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