

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I/we, (grantor's name) Warren H. Patton, the undersigned Grantor(s), of (complete address) 2455 Genoa Highlands Dr. (P.O. Box 199) Genoa, NV 89411 do hereby appoint and grant a durable power of attorney to (appointee's name) Gayle L. Woodcock of (complete address) 2455 Genoa Highlands Dr (P.O. Box 199) Genoa, NV 89411 as my attorney in fact.

Granting to my appointed attorney-in-fact full power and authority to do and undertake all acts on my behalf that I/we could do personally including but not limited to the right to sell, deed, buy trade, mortgage, assign rent or dispose of any real personal property; the right to execute, accept, undertake and perform all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts or safe deposit box; the right to borrow, collect, lend invest or reinvest funds; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity, and the right to retain any accountant, attorney or other advisor deemed necessary to protect my interests relative to any foregoing unlimited power. My/our attorney-in-fact shall have full power to execute, deliver and accept all documents and undertake all acts consistent with the foregoing.

This power of attorney shall become effective upon and remain in effect only during such time periods as I may be mentally or physically incapacitated and unable to care for my/our own needs or make competent decisions as are necessary to protect my interests or conduct my/our affairs.

My/our attorney-in-fact hereby accepts his appointment subject to its items and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his best discretion deems advisable, and I/we affirm and ratify all acts so undertaken.

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

I hereby agree to accept the appointment as attorney-in-fact, pursuant to the foregoing Power of Attorney.

Gayle L. Woodcock
Attorney-in-Fact Signature

In Witness Whereof, I/We have hereunto set my hand/our hands this 23rd day of February, 192002

Warren H. Patton
Grantor's Signature
Warren Hampton Patton
Print or type name here

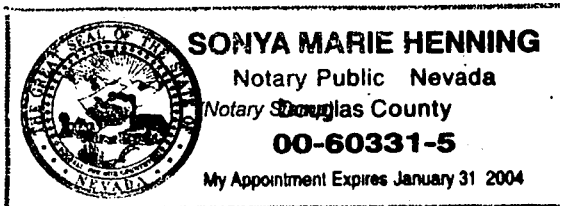
Grantor's Signature

Print or type name here

STATE OF NEVADA)
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on (date) February 23, 2002
By (person(s) appearing before notary public) Warren H. Patton

Sonya M. Henning
Notary Public
My commission expires: 1/31/04



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Gayle L. Woodcock
Address: P.O. Box 199
City/State/Zip: Genoa, NV 89411

THIS SPACE FOR RECORDERS USE ONLY
REQUESTED BY
Gayle Woodcock
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA
2002 MAR -4 PM 4:18
LINDA SLATER
RECORDER
\$14.00 PAID Kg DEPUTY