

SPECIAL POWER OF ATTORNEY

I, Delora R Davidson, residing at P O BOX 306, Pioche, Nevada 89043, hereby appoint Wendy S. Robinson of P O box 692, Pioche, Nevada 89043, as my Attorney-in-Fact ("Agent").

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent's powers shall include the power to:

1. Open, maintain, or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions. This power shall include the authority to conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation, or political entity.
2. Perform any act necessary to deposit, negotiate, sell, or transfer any note, bond, security, or draft of the United States of America, including U.S. Treasury Securities.
3. Have access to any safety deposit box(es) that I might own, only for the purpose of taking an inventory of the contents of such box(es).
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity, including the power to sign releases and agreements.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may

Initials: DRD

own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

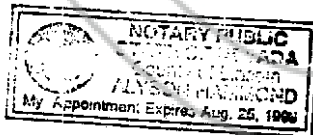
My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated Nov 23, 1998, at Pioche, Nevada.

Delora R. Davidson
Delora R Davidson



State/Commonwealth of Nevada

County/City of Lincoln Packer

This instrument was acknowledged before me on this 23 day of October, 1998 by
Delora R Davidson.

[Signature]
Notary Public

Assistant Manager
Title (and Rank)

My commission expires 1999 Aug.

NO. 111830

FILED AND RECORDED AT REQUEST OF
WENDY S. ROBINSON
NOVEMBER 5, 1998

AT 25 MINUTES PAST 9 O'CLOCK
AM IN BOOK 138 OF OFFICIAL

RECORDS PAGE 170 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

BY [Signature] COUNTY RECORDER
DEPUTY