	1 2 / 8 / 8
APN#:	FILED FOR RECORDING AT THE REQUEST OF Wallick & Volk
Recording Requested BY:	2006 NOV 16 PM 2 25
Wallick and Volk P. O. BOX 685 Cheyenne, WY 82003 Kathy Croy	LINCOLM COUNTY RECORDER FEED LOOD DEP LESLIE BOUCHER
<u>LIMITED POWER (</u> ***** Please record the Limited Power of Atto	< ))
X I the undersigned hereby affirm that thi	s document submitted for recording does
not contain a social security number.	3 document submitted for focording does
OR	
I the undersigned hereby affirm that this	
contains a social security number of a person as	crequired by law: _(Law).
	] ]

DOROTHY J. JACOBSON VICE PRESIDENT printed name and title

Subscribed and sworn to me this / (ML day of November, 2006.

Notary Public



## LIMITED POWER OF ATTORNEY

THE UNDERSIGNED HEREBY APPOINT Wallick and Volk, Inc or its affiliates of "Wallick and Volk" as my/our Attorney-in Fact to take the following actions as though executed by mc/us:

- to apply for a Manufacturer's Certificate/Statement of Origin or Duplicate Manufacturer's Certificate/Statement of Origin or Certificate or Duplicate Certificate of Title or Ownership on my/our behalf covering the collateral described below; or
- to execute whatever documents are necessary to effectuate the Real Property Conversion after Initial Closing of said Collateral; or
- to execute whatever documents are necessary to effectuate the Real Property Conversion of the Collateral, subject to the terms of the Contract and applicable state law governing disposition of the collateral; or
- retitle the Collateral to correct any errors or to insure the proper perfection of Wallick and Volk's security interest in the Collateral.

This Limited Power of Attorney (POA") shall not be affected by subsequent disability or incapacity of the principal, or by the lapse of time. This POA shall not be construed as a waiver of my/our rights under the Contract or applicable state law governing the Contract and the sale of Collateral.

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Vear Length Wid	SUCCOOSSORX AC
Jared J. Large Nume	Name
Signature	Signature
Physical Address	Physical Address
State of: Heradu	State of:
County of: Lewish	County of:
Subscribed and sworn before me on	Subscribed and sworn before me on
this oday of August 2006.	thisday of,20
Setty Jars Notary Public	Notary Public
	•
My Commission Expires:  BETTY JO JARVIS  No. 01-67742-11  My opot, exp. Mor. 20, 2009	My Commission Expires:  800r 226 PAGE 127
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My appt, exp. Mar. 20, 2009 & BUST &

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Revision date: 11/11/04 No. 7822

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