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DURABLE POWER OF ATTORNEY

Title of Document

Affirmation Statement

\_\_\_\_\_ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

YES I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: \_\_\_\_\_

(State specific law)

Mike Carrigan  
Signature \_\_\_\_\_ Title \_\_\_\_\_

MIKE CARRIGAN  
Print \_\_\_\_\_

7/13/2011  
Date \_\_\_\_\_

Grantees address and mail tax statement:

MIKE CARRIGAN  
4706 GOLDFIELD ST.  
N.LV., NV 89031



**DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

BE IT KNOWN that I, GARY A. CARRIGAN, dob January 4, 1938 of Pioche, Nevada, in my individual capacity as well as Trustee of the "5-C Living Trust", do hereby make and grant a general power of attorney to my son MICHAEL L. CARRIGAN, dob July 31, 1964, social security number [REDACTED] to do any and all of the following:

1. Manage and control and execute checks on the checking and savings accounts in my name at Clark County Credit Union in Clark County, Nevada, including, but not limited to, account number [REDACTED]
2. Manage and control and execute checks on the checking and savings accounts in my name at Bank of America in Nevada, including, but not limited to, account number [REDACTED];
3. Manage and control and make arrangements to pay any and all debts, accounts, and claims of any kind which exist against me, as well as handle all obligations to pay any monies which I have incurred.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the above matters, to the extent that I am permitted by law to act through an agent.

My attorney-in-fact hereby accepts this appointment subject to its terms 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 affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.



Signed this 13 day of July, 2011.

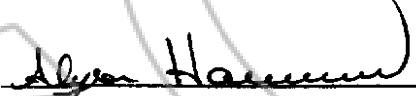
  
GARY A. CARRIGAN  
Grantor

  
MICHAEL L. CARRIGAN  
Attorney-in-fact

State of Nevada     )  
                                  )  
County of Lincoln    )

On this 13 day of July, 2011, before me, a Notary Public appeared GARY A. CARRIGAN and MICHAEL L. CARRIGAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

  
Notary Public

