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legislation designed for the protection of personnel in the Armed Forces or their dependents.
(b) to hire, engage, employ and appoint agents, employees and counsel upon such terms and conditions and at such compensation as my said Attorney-in-Fact shall deem proper in the exercise of the powers herein granted; to dismiss and remove at pleasure any such agents, employees and counsel as well as

any agents, employees and counsel heretofore or hereafter employed by me or in my behalf.
10. MISCELLANEOUS: (a) To sign, acknowledge and deliver any instrument necessary to accomplish any of the powers herein granted;
(b) To modify, reform, renegotiate or rescind any contract or obligation heretofore or hereafter made by me or in my behalf.

GENERAL PROVISIONS: (a) All business transacted hereunder for me or for my account shall be transacted in my name, and all indentments and instruments executed by my Attorney-in-Fact for the purpose of carrying out any of the foregoing powers, shall contain my name, followed by that of my Attorney-in-Fact and the designation "Attorney-in-Fact".
(b) I hereby ratify and confirm all lawful acts done and caused to be done by my said Attorney-in-Fact pursuant to this Power of Attorney, and I direct that it shall continue in effect until the termination date herein specified unless sooner terminated by me or by operation of law. Notwithstanding my insertion of a specific expiration date herein, IF on said date I should be, or have been, carried in a military status of "Missing," "Missing in Action," or "Prisoner of War," this Power of Attorney shall automatically continue to remain valid and in full effect until sixty (60) days after I have returned to UNITED STATES MILITARY CONTROL following termination of such "Missing," "Missing in Action," "Prisoner," or "Prisoner of War" status.
(c) If the authority contained herein shall be revoked or terminated by operation of law without notice, I hereby agree for myself, executors, administrators, heirs and assigns, in consideration of my attorney's willingness to act pursuant to this Power of Attorney to save and hold my attorney harmless from any loss suffered or any liability incurred by my attorney in so acting after such revocation or termination without notice.
(d) Unless sooner revoked by me or terminated by law, this Power of Attorney shall be NULL AND VOID on and after 17 Dec 79

In witness whereof, I have hereunto set my hand and seal, this 17 day of Dec, 1979

Witnesses: Thomas F. Gilleland, Jr. (SEAL)

THOMAS F. GILLELAND, JR.

Address (include ZIP code), Service No. & SSAN (if any)

Address (include ZIP code), Service No. & SSAN (if any)

IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC:

State of Washington
County (City) Pierce
I, Thomas F. Gilleland, Jr., a Notary Public in and for the County (City) and State aforesaid, do hereby certify that on the 17 day of Dec, 1979, before me personally appeared THOMAS F. GILLELAND, SR. & SAE who is known by me to be the identical person who is described in whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to him the contents thereof, he personally acknowledged to me that he signed and sealed the same on the date it bears as his true, free and voluntary act and deed for the uses, purposes and considerations therein set forth.
In Witness Whereof, I have hereunto set my hand and official seal, this day and year above written.

My Commission Expires 4 Nov 98
STATE OF OREGON, COUNTY OF KLAMATH, ss

I hereby certify that the within instrument was received and filed for record on the 28th day of FEBRUARY, A.D., 1977 at 9:58 o'clock A.M., and duly recorded in Vol. M 77, of GENERAL POWER ATTY on Page 333.

FEE 10.00

WM. D. MILNE, County Clerk
By Hazel W. Wane Deputy

Ret. Billie Gilleland
6920 Gateway Dr
City

(Command or organization) (Permanent home address, include ZIP code)