

## GENERAL POWER OF ATTORNEY

## KNOW ALL PERSONS BY THESE PRESENTS:

That I, HUFFMAN, JEREMY DANIEL, Social Security Number 542-04-0131, of the State of OREGON, currently in the state of GEORGIA do hereby appoint VEDAS, ESTRADA presently of 2502 NILE ST, KLAMATH FALLS, OR 97603, my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name and in my behalf. Such acts shall include:

1. To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.
2. To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real, personal or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem appropriate.
3. To transact all business of mine on my behalf including entering into contracts and the making of such investments as my attorney shall deem sound.
4. To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interests. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.
5. To prepare and file all tax returns and governmental applications and requests.
6. To execute all documents needed for travel of my family members and transportation or storage of my property, as authorized by law and Military regulations; to sign for and clear government or other quarters in the best interests of my family members and in accordance with law and Military regulations.
7. To demand, act to recover, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository, of the United States.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE, PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my Agent shall have no rights or powers hereunder with respect to the following:

- a. Life Insurance: My Attorney shall have no rights or powers hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.
- b. Fiduciary Powers: My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

PAGE 1 of 2 PAGES

Vedas Estrada  
2502 Nile Street  
Klamath Falls, OR 97603

REVEREND FATHER OF ATTORNEY

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when properly signed and executed below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on 7-12-96

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

I further declare that this power of attorney shall not terminate on my disability for whatever reason and that all power and authority vested in my attorney shall continue and be exercisable notwithstanding any subsequent disability, incompetence or incapacity. All acts done by my attorney pursuant to this power of attorney shall have the same effect as if I were not subject to any disability, incompetence or incapacity.

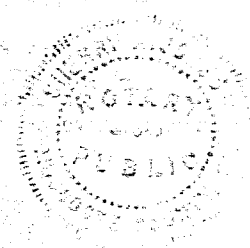
IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, 12 July 94

Grantor [Signature]

State of Georgia  
County of Muscogee

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared JEREMY HUFFMAN who is known by me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on 12 July 1994  
[Signature]  
Notary Public My Commission Expires: Nov 12, 1997



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Vedas Estrada the 17th day of August A.D., 19 94 at 3:40 o'clock PM., and duly recorded in Vol. M94 of Power of Attorney on Page 25533

FEE \$10.00  
CC 1.50

Evelyn Biehn County Clerk  
By Annette Mueller