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## SPECIAL POWER OF ATTORNEY

I, Katheryn L. Richards, residing at 1024 Alandale, Klamath Falls, Oregon 97603, hereby appoint Robert A. Thomas of 408 West M Street, Springfield, Oregon 97477, as my Attorney-in-Fact ("Agent").

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. 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.
- 2. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
  - a. Prepare, sign, and file income and other tax returns with federal, state, local, and other governmental bodies.
  - b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
  - c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).
- 3. Act on my behalf with respect to the following matters:
  - Insurance and annuity transactions
  - Employment of professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.

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 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.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

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, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. 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 5-2, 1999, at Klamath Falls, Oregon.                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Halleun L. Richards Katheryn L. Richards                                                                                                                                                                                                                                                                                                                                             |
| STATE OF OREGON, COUNTY OF Solamath, ss:  On this Aday of May, 1999, before me, the undersigned, Notary Public for the State of May, personally appeared Katheryn L. Richards to me known or proved to be the identical person named in and who executed the above Special Power of Attorney, and acknowledged that such person executed it as such person's voluntary act and deed. |
|                                                                                                                                                                                                                                                                                                                                                                                      |

My Commission expires:

February 3, 2002

OFFICIAL SEAL
ROBIN L. SCHOOLER
NOTARY PUBLIC-OREGON
COMMISSION NO. 309086
MY COMMISSION EXPIRES FEB. 3, 2002

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| 1500ex        | X., | Schooler |  |
| Notary Public |     |          |  |

Hatheryn Bechard, 1024 Alandala Hamatti Falls, OR 971603 State of Oregon, County of Klamath Recorded 5/24/99, at 3:11 p.m. In Vol. M99 Page 20560
Linda Smith, County Clerk
Fee \$ 10

Lenda Smith