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04/24/2009 11:35:43 AM

Fee: \$21.00

**LIMITED POWER OF ATTORNEY**

I, the undersigned (Full legal name) Teresa J. Goggia  
(Identity number) 563-06-9551 residing  
at(Address) : 6535 Tolo Rd.  
Central Point OR 97502

do hereby nominate and appoint

(Full legal name) HEATHER L. WIELEBSKI  
(Identity number) 556-73-9926 residing  
at(Address) 2450 Salzer St.  
Medford OR 97501

as my Attorney-In-Fact (Agent) with the power of delegation and substitution. My Agent shall have full power to be my lawful Attorney and Agent in my name, place and stead to:

This Power of Attorney shall remain in effect until May 31<sup>st</sup> 20 09

Executed this 23<sup>rd</sup> day of April 20 09

at Medford OR Signature: Teresa J. Goggia

in the presence of the undersigned witnesses:

**WITNESS 1:** Legal name Jacob W. Fero Signature Jacob W. Fero

**WITNESS 2:** Legal name Ashlee Stovell Signature Ashlee Stovell

**Acknowledgement**

This document was acknowledged before me on this 23<sup>rd</sup> day of April 2009 by Teresa J. Goggia (Principal's Full legal name)

Signature of Notary Public Carole Susan Bryan

Full legal Name Carole Susan Bryan

My commission expires Oct. 24, 2010

State of Oregon County of Jackson

