

REVOCATION OF POWER OF ATTORNEY

I, _____ of _____ (address), hereby
revoke the Power Of Attorney previously granted to _____ of
_____ (address), on or about _____.

Any third party who receives a copy of this revocation must cease honoring the Power Of
Attorney immediately.

If this revocation is filed of record with the County Clerk you are put on notice of the
revocation as of the date of filing and must cease honoring the Power Of Attorney
immediately.

Signed this ____ day of _____, 20__.

SIGNATURE

Name: _____

Address: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Oklahoma }
County of _____}

This document was acknowledged before me on this ____ day of _____,
20__, by _____.

WITNESS my hand and official seal.

Notary Public

My commission expires:

My Commission number is: