

REVOCAION OF POWER OF ATTORNEY

I, _____-M00_____, revoke

_____ as my Power of Attorney effective immediately.

Tribal Members Signature

Date

Witnesses:

Notary:

STATE OF MICHIGAN
COUNTY OF _____

Subscribed and sworn before me a Notary Public this _____ day of
_____, 20_____.

Signature of Notary: _____

My Commission Expires: _____

Notary Stamp/Seal: