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## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, \_\_\_\_\_ have made, constituted and appointed, and by these presents does make, constitute and appoint, \_\_\_\_\_, as the undersigned's true and lawful Attorney-in-Fact, for us and on our behalf and in our name, place and stead:

a) To file a complaint, on behalf of the undersigned, with the Consumer Protection Unit of the State of Delaware Department of Justice, against \_\_\_\_\_ (the "Complaint"), and to execute and deliver instruments, affidavits, and all other documents necessary or desirable in connection with such Complaint.

b) For the foregoing purposes, or for any of them, to sign in the undersigned's name and to execute and deliver on our behalf all affidavits, instruments, and documents.

THIS POWER OF ATTORNEY AND THE POWERS HEREINBEFORE CONFERRED UPON OUR SAID ATTORNEY SHALL NOT BE AFFECTED BY OUR SUBSEQUENT DISABILITY OR INCAPACITY. THIS POWER OF ATTORNEY SHALL CONSTITUTE A "DURABLE POWER OF ATTORNEY" WITHIN THE MEANING OF TITLE 12, DELAWARE CODE, SECTION 4901.

GIVING AND GRANTING unto the said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done with respect to the Complaint, as fully, and to all intents and purposes, as the undersigned might or could do if personally present; hereby ratifying and confirming all that the said Attorney shall lawfully do, or cause to be done by virtue hereof.

IN WITNESS WHEREOF, the said \_\_\_\_\_ and  
\_\_\_\_\_ have hereunto set their hands and seals this  
\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Sealed and Delivered in  
the Presence of:

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(SEAL)

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(SEAL)

STATE OF DELAWARE )  
COUNTY OF NEW CASTLE )  
 )  
 )SS

Be It Remembered, That on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, personally came before me, the Subscriber, a Notary Public for the State and County aforesaid, \_\_\_\_\_ and \_\_\_\_\_ each acknowledged before me this Indenture to be their respective acts and deeds.

GIVEN under my hand and seal of office, the day and year aforesaid.

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Notary Public  
Name: \_\_\_\_\_  
My commission expires \_\_\_\_\_

[Notary Seal]