

MTSi

POB 207

Stuttgart, AR 72160

Phone: 870-672-7469 Fax: 870-672-9760

REVOCATION OF POWER OF ATTORNEY

TO ALL PERSONS, be it known, that _____
individually and on behalf _____
("Company") as Grantor, do hereby revoke any and all powers granted by a
Limited Power of Attorney dated _____.

TO: _____

Signed _____ Title _____ Date _____

NAME / POSITION _____
(Please Print Name) (Please Print Title)

COMPANY _____
(Please Print Company Name)

For MTSi Use Only - CustNum: _____