

## POWER OF ATTORNEY

KNOW ALL MEN AND WOMEN BY THESE PRESENTS, that I,

("Grantor"), residing at

Street, Arlington, Virginia 22205, do

hereby nominate, constitute and appoint \_\_\_\_\_, residing at \_\_\_\_\_

Street, Arlington, Virginia 22205 my true and lawful Attorney in Fact ("Attorney"), for me and in my name, place and stead for all purposes arising from and in relation to 1) all educational decisions, programs and rights for me and 2) all financial matters for me, including, but not limited to the following:

To borrow; to sign any, note, obligation, deed, deed of trust, mortgage, lease, contract, or other paper; to make or endorse promissory notes, and to renew the same from time to time; to draw upon banks or any bank or any corporations, partnerships, associations or individuals any sum or sums of money that may be to my credit or which I may be entitled to receive as I might or could do;

To bargain, sell, borrow, lease, purchase, grant, transfer and convey to any corporation, partnership, association or person whatsoever, and for such sum or sums of money or other consideration as my Attorney shall deem most for my advantage and profit, any part or all of my real or personal estate, or any interest which I may have in any real or personal estate, wheresoever situated, including without limitation stocks, bonds, debentures, notes and all other negotiable and non-negotiable instruments; to make all necessary deeds, leases and conveyances thereof, with all necessary or convenient covenants, warranties and assurances; and to sign, acknowledge and deliver the same;

To invest or reinvest in any property and in such manner as my Attorney considers advisable, including United States treasury bonds redeemable at par in payment of the federal estate tax; provided however, nothing shall require my Attorney to invest any funds;

To expend funds for my health, support and maintenance;

To have access to any and all safe deposit boxes which may be in my name, whether in my name alone or jointly with another, and to remove therefrom any securities, papers and other property;

To purchase, maintain, increase, surrender, collect, cancel, sell, assign, designate or change beneficiaries on life insurance or annuities of any kind on my life or the life of anyone in whom I have an insurable interest and to exercise all other options, rights, benefits and privileges available to me;

To prepare, sign and file any income or gift tax returns, estimates, waivers, consents, protests, receipts, refund claims, requests for rulings, agreements and petitions; to represent me and to hire counsel and/or accountants to represent me before any governmental agency or court; to receive and/or inspect confidential tax information, notices and other written communications addressed or related to me, from any office of the Internal Revenue Service and from any state, county, city or other taxing authority, regardless of the type of tax, year or period covered; to take any or all of the aforesaid actions under my social security number.

And I hereby give and grant unto my said Attorney full power and authority to do and perform every act necessary, requisite or proper to be done in and about the premises as fully as I might or could do were I personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by

virtue thereof.

My Attorney is specifically authorized to constitute and appoint an additional person to serve as my Attorney in Fact, to serve at the same time as my Attorney, and to constitute and appoint a substitute Attorney in Fact to serve in the place of my Attorney.

Any person relying or acting upon this Power of Attorney shall be fully protected in presuming that it has not been revoked, unless such person has actual notice of revocation. Any person may rely on a certification by my Attorney that a copy of this Power of Attorney is a true copy of the original and that the original has not been revoked. No person relying or acting upon this Power of Attorney shall be required to see to the application or disposition of any property paid or delivered to my Attorney.

This Power of Attorney shall not terminate on my disability, incompetence or incapacity.

The execution of this document shall revoke all other powers of attorney previously executed by me.

I hereby ratify and confirm all lawful acts done or caused to be done by my Attorney by virtue hereof.

WITNESS the following, my signature, this 10

\_\_\_\_\_  
Grantor

STATE OF VIRGINIA,  
CITY/COUNTY OF ARLINGTON, to-wit:

Fairfax  
I, the undersigned Notary Public, do hereby certify that this day personally appeared before me Grantor, whose name is signed to the foregoing Power of Attorney, and acknowledged the same before me.

Given under my hand this 18<sup>th</sup> day of May, 2003.

Robert B. Gao  
Notary Public

My commission expires: 12/31/03

I accept the above appointment as Attorney in Fact.

Date: 5-18-03

\_\_\_\_\_  
Attorney in Fact

STATE OF Virginia,  
CITY/COUNTY OF Fairfax, to-wit:

I, the undersigned Notary Public, do hereby certify that this day personally appeared before me Attorney in Fact, whose name is signed to the foregoing Power of Attorney, and acknowledged the same before me.

Given under my hand this 18<sup>th</sup> day of May, 2003.

Robert B. Gao  
Notary Public

My commission expires: