SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, ____(NAME)_____ Social Security Number_____(SSN)_____, of the State of New York, a member of the united States Armed Forces, currently at Camp Liberty, Baghdad, Iraq, pursuant to Military Orders, do hereby appoint my spouse, _____(NAME)_____of _____(TOWN/STATE)_____, my true and lawful attorney-in-fact to do the following in my name and in my behalf:

1. To do any and all acts necessary and appropriate with Defense Finance and Accounting Service (DFAS) Office, wherever located, to establish, start, stop, or change an allotment payable to Fort Drum Mountain Community Homes, LLC (FDMCH) (PURSUANT TO A Residential Communities Initiative housing program), in an amount equal to my Basic Allowance for Housing (BAH) at the with dependents rate. My attorney-in-fact is authorized to sign, seal, and execute any and all documents, including completing and filing with DFAS a DD Form 2558 (Authorization to Start, Stop, or Change an Allotment) to start the allotment.

2. To sign, amend or terminate a Residential Occupancy Agreement (residential lease), with Fort Drum Mountain Community Homes, LLC (pursuant to a Residential Communities Initiative housing program).

3. To do any and all acts necessary and appropriate to complete all transactions with the Fort Drum Housing Office, DFAS, FDMCH and/or any civilian or government agency involved in administering the Residential Communities Initiative housing program.

4. To inspect and accept FDMCH housing assigned to me or my family members; to sign for me and take possession of such housing in my name; and sign for and take possession of any furniture, appliances, and equipment that may be authorized for use in or with such housing as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing.

5. To terminate FDMCH housing or military housing assigned to me or my family members; to procure or return any and all FDMCH or government property used in or for such housing; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such housing.

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on _____.

_____(DATE)_____

SAMPLE

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

All Business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation “attorney-in-fact.”

IN WITNESS WHEREOF,I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, April 16, 2005.

(SIGNATURE)

(Name)

Witnessed by:

_____(SIGNATURE)_____ _____(SIGNATURE)_____

WITH THE ARMED FORCES OF THE UNITED STATES
AT Camp Liberty, Baghdad, Iraq

Subscribed, sworn to and acknowledged before me by _____(NAME)____, who is known to me to be a member of the Armed Forces of the United States serving on Active Duty, on _ (Date)____. This acknowledgment is executed in my official capacity under the authority granted by Title 10, United States Code, Section 1044a, which also states that no seal is required on this acknowledgment.

_____(SIGNATURE)_____
(NAME)
(RANK, USA)

SEAL

STAMPED NAME, RANK AND
DATE COMMISSION EXPIRES

SAMPLE