

LIMITED POWER OF ATTORNEY

PROVINCE OF _____

CITY OF _____

KNOW ALL MEN BY THESE PRESENT, THAT I _____,
whose address is _____ (street), _____
(City), _____ (Province), _____ (Postal Code), “Principal”, by these presents
do make, constitute and appoint GOLD SHIELD ALLIANCE LLC, as my true and lawful
attorney-in-fact to act with limited powers to be specifically limited to any and all necessary
and available services and acts performed by GSA.

FURTHER, I do authorize and grant my aforesaid attorney-in-fact full authority to execute,
acknowledge, deliver and act in any necessary manner to carry out the intent hereof. I ratify
all lawfully performed acts by my attorney-in-fact in exercising the above powers, limited,
however, to the purpose for which this limited power of attorney is executed.

PROVIDED, however, that all business transacted hereunder for me or for my account shall
be transacted in my name, and that all endorsements and instruments executed by my said
attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name,
as well as that of my said attorney and the designation “attorney-in-fact”.

I further declare that any act or thing lawfully done hereunder and within the powers herein
stated by my said attorney-in-fact shall be binding on myself and my heirs, legal and
personal representatives and assigns, whether the same shall have been done either before
or after my death, or other revocation of this instrument, unless and until reliable
intelligence or notice thereof shall have been received by my said attorney-in-fact.

This Power of Attorney shall be Durable and shall not be affected by any subsequent
disability or incompetence. The rights, powers and authority of my attorney-in-fact as
granted herein shall commence and be in full force on the date of this instrument and such
rights, powers and authority shall remain in full force and effect thereafter until completion
of this matter or until my revocation.

I may revoke this Limited Power of Attorney at any time by mailing an original signed and notarized Power of Attorney Revocation Letter as provided by my said attorney-in fact to:

Gold Shield Alliance (GSA) 950 Herrington Road Suite 171 Lawrenceville, GA 30044

Third parties may rely upon the representations of the agents as to all matters relating to any power granted to them hereunder, and no person who may act in reliance upon the representations of the agent or the authority granted to it shall incur any liability to the principal or his estate as result of permitting the agent to exercise any power.

Indemnification of Agent. No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence. I agree to indemnify and hold harmless any agent named or substituted in this power for any court costs, civil judgments, or reasonable attorney fees that are incurred as a result of exercising the powers described herein.

Original Counterparts. Photocopies/electronic copies of this signed Power of Attorney shall be treated as original counterparts.

IN WITNESS WHEREOF, I, _____, the Principal, sign my name to this Power of Attorney this _____ day of _____, 20 _____, and being first duly sworn do declare to the undersigned that I am eighteen years or older and that I executed it as my free and voluntary act and am under no constraint or undue influence.

Signature of Principal

ATTESTATION

The hereinafter named Witness, declare under penalty of perjury under the laws of the Province of _____, that the Principal signed and acknowledged this limited power of attorney in my presence, that the Principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person(s) appointed as attorney-in-fact by this document and that I witnessed this power of attorney in the presence of the Principal. I am not related to the Principal by blood, marriage or adoption, and to the best of my knowledge, am not entitled to any part of the estate of the Principal upon the death of the Principal under a will now existing or by operation of law.

WITNESSES: _____
Print Name Signature

Address: _____

City: _____ Province: _____ Postal Code: _____

Principal Name and Address		Attorney-in-Fact Name and Address	
Name:		Name: GOLD SHIELD ALLIANCE LLC	
Address:		Address: 950 Herrington Road, Suite 171	
City:		City: Lawrenceville	
Prov:	PC:	State: GA	Zip: 30044

CERTIFICATE OF LEGAL ADVICE