GENERAL POWER OF ATTORNEY



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 services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney under 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.

I, RACHAEL P. CHISM	, of 7909 Gunstøn Woods Place, Lorton
VA 22079	do hereby appoint
RICHARD ALLEN CHISM	, of 7909 Gunston Woods Place,
Lorton VA 22079	, my true and lawful
attorney to act for me and in my st	ead as follows:

GIVING AND GRANTING unto my said attorney full power:

To serve in all matters as my GENERAL AGENT, including: To lease, sell, use establish title, register, insure, transfer, mortgage, manage, pledge, exchange, sell or encumber any and all of my real, personal or mixed property and to execute and deliver good and sufficient deeds or other instruments. To buy, receive lease, acquire in my name and for my account, real or personal property. To collect rents, royalties or debts; to borrow money or property in my name; to take possession of and or order the removal, storage or shipment of my property from any location in the world to any location by private and or Government shipments; to sign for or clear government quarters; to prepare, execute and file income tax returns and to cash tax refund checks. To receive and endorse, cash, or deposit negotiable instruments payable to me to include those drawn upon the Treasurer of the United States or other fiscal officer. To waive my rights and privileges; to vote my stock and other powers; to prosecute and defend actions on my behalf in court or agency proceedings; and to designate successor holders of the powers herein delegated, as fully as I could, in person, perform such acts. (My Attorney shall have NO right or powers to cancel or change the beneficiary of my life insurance policy, my Last Will and Testament, or to make medical decisions about my medical care or termination of my life.) FURTHER, I authorize my aforesaid Attorney-in-Fact to perform all necessary acts and sign and deliver all necesary documents in the execution of authorizations with the same validity as I could. I hereby declare that any act or thing lawfully done hereunder by my said attorney shall be binding on myself, my heirs, assigns, devisees, legatees, legal and personal representatives.

-Continued on Reverse Side-

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Side 1 of 2.

GENERAL POWER OF ATTORNEY (continued)

THIS POWER OF ATTORNEY SHALL REMAIN IN FULL FORCE AND EFFECT until the occurrence of the first of the following events: (1) my death; (2) the death of my said attorney; (3) the revocation of this power of attorney by me; or (4) until INDEFINITE .

If, on the specified date of expiration I shall be or have been carried in a military or civilian status of MISSING IN ACTION, MISSING, DETAINED or PRISONER OF WAR, then this power of attorney shall automatically remain valid beyond any stated termination date until sixty (60) days after I have returned to United States Military or civilian control.

THIS POWER OF ATTORNEY SHALL NOT TERMINATE DUE TO THE MENTAL OR PHYSICAL DISABILITY OF THE UNDERSIGNED PRINCIPAL. THIS POWER WILL CONTINUE IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. In the event legal clarification of my intention is necessary, then Section 11-9.1, Code of Virginia shall be applied.

IN	WI	INES	ss v	WHERE	EOF,	I	have	hereunto	set	my	hand	and	seal
thi	Ls_1	Oth	_day	of_	Ju	1 <u>y</u>	······································	hereunto <u>πiπt</u>	reen	hūr	idred_	2000	. •

Fachael (SEAL)

ACKNOWLEDGEMENT

STATE OF VIRGINIA COUNTY OF FAIRFAX

I, JOSEPH HAMILTON , a Notary Public for the State of Virginia do certify that RACHAEL P. CHISM whose name is affixed to the foregoing Power of Attorney, whose identity has been satisfactorily proved to me, personally appeared before me and having been duly sworn, executed this instrument and acknowledged it as a voluntary act and deed for the uses and purposes therein set forth. IN WITNESS WHEREOF, I set my hand and affixed my seal this 10th day of July 1-9 2000.

My Commission Expires:

30 November 2003

(SEAL)

NOTARY PUBLIC