

MUST BE NOTARIZED!

REQUEST FOR REPRESENTATION Durable Limited Power-of-Attorney

Full legal name _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone number _____

Birthdate _____ Social security # _____ Filing status _____

Comments _____

Referred by _____

I, _____, on the date hereafter set forth do hereby appoint

Brent-Emory..Johnson my counsel in fact to act in my name with the following powers and no others:

I hereby authorize Freedom Bound International representative Brent-Emory..Johnson to represent my interests and act on my behalf with respect to the following: preparing letters, forms, Writs, Notices, and any other requested paperwork on my behalf, including without limitation, correspondence and documentation with the Internal Revenue Service, Social Security Administration, State revenue or taxing authority, county, State or federal courts, et al.

To secure this service, I have enclosed payment in the amount of One Thousand Six Hundred (1,600) dollars. I understand that Brent-Emory..Johnson is not an attorney, nor is he a member of any BAR Association, nor has he represented himself at any time as an attorney. I understand that it is my sole responsibility to determine the validity of and authorize any course of action that Brent-Emory..Johnson might recommend. Further, I agree to hold harmless Brent-Emory..Johnson, Freedom Bound International, and any of their representatives from any responsibility or liability whatsoever.

I hereby and forthwith declare that I am not currently nor have I ever been an agent for the United States government, or any related corporate body-politic government entity or instrumentality, including without limitation, the Federal Reserve Bank, U.S. Postal Service, Dept. of Immigration and Naturalization, Internal Revenue Service, Dept. of the Treasury, Federal Bureau of Investigation, Bureau of Alcohol, Tobacco and Firearms. I am not a resident of the District of Columbia. I am not a law enforcement officer.

This Durable Limited Power-of-Attorney will remain in effect until _____

I have personally executed this document.

Date

L.S. Manual