## SPECIMEN SIGNATURE OF ATTORNEY-IN-FACT

The attorney-in-fact acknowledges that the signature below is his/her signature.

 [Attorney-in-Fact] [Date]

STATE OF MICHIGAN )

) ss.

County of )

[Insert name of Attorney-in-Fact] personally appeared before me who, being duly sworn, did say and acknowledge that the foregoing signature is his/her signature.

SUBSCRIBED AND SWORN to before me this day of .

(SEAL) NOTARY PUBLIC FOR MICHIGAN

 My commission expires: