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RECORDED AT THE REQUEST OF

Justin Clouser Esq

2008 MAY 14 AM 8:43

379365

FILE NO. _____

ALAN GLOVER
CARSON CITY RECORDER

FEE $17.00 DEP _____

FOR RECORDER'S USE ONLY

SPECIAL POWER of ATTORNEY

TITLE OF DOCUMENT

☒ I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

☐ I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of any person or persons as required by law. State specific law: _____

Justin M. Clouser
Signature

JUSTIN M. CLOUSER, ATTORNEY
Print Name & Title

WHEN RECORDED MAIL TO:

JUSTIN M. CLOUSER, ESQ.

1669 LUCERNE ST., STE A-3

MINDEN, NV 89423

379365

SPECIAL POWER OF ATTORNEY

I, Bradford C. Adams, residing at 7140 San Antonio Ranch Road, Carson City, Nevada 89704, hereby appoint Justin M. Clouser of 1669 Lucerne Street, Suite A-3, Minden, Nevada 89423, as my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me.

My agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent's powers shall include the power to:

1. Manage, insure, improve, repair, collect rents, execute leases, or take any other action that a landlord might take, with respect to any interest of mine in real estate (whether currently owned or later acquired).

2. Manage, control, and operate my entire estate, both personal and business

This power shall include the power to: (i) make and carry out decisions regarding sales, purchases, employees, loans, and equipment, and (ii) take any action needed (at the discretion of my Agent) to operate the business.

3. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

a. Obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.

b. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including medical, military and social security benefits), and to appoint anyone, including my Agent, to act as my "Representative Payee" for the purpose of receiving Social Security benefits.

4. Act on my behalf with respect to the following matters:

- Enter into binding contracts on my behalf.
- Employ professional and business advisors as may be appropriate, including attorneys, accountants, and real estate agents.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.

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Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A successor Agent shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

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This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated MAY, 6, at MINDEN, Nevada.

Bradford C. Adams

STATE OF NEVADA)
) ss:
COUNTY OF Douglas)

This instrument was acknowledged before me on this 6 day of May, 2008, by Bradford C. Adams.

Notary Public

My commission expires 4/10/11

RISHELE L. THOMPSON
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-54931-5 - Expires April 10, 2011

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