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PREPARED BY: Wagner, Falkner & Judd.
80 South 8th St.
Mpls. Mn 55402

STATUTORY POWER OF ATTORNEY

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THE POWERS WILL EXIST AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THE POWERS THAT YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 243.10 OF THE WISCONSIN STATUTES. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

I, **THOMAS ALLEN BERRY**, of 17071 51st Avenue, Chippewa Falls, Wisconsin, appoint my wife, **ELIZABETH LORRAINE BERRY**, 17071 51st Avenue, Chippewa Falls, Wisconsin, as my agent to act for me in any lawful way with respect to the powers initialed below.

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

Initials		
TB	1.	Real property transactions.
TB	2.	Tangible personal property transactions.
	3.	Stock and bond transactions.
	4.	Commodity and option transactions.
TB	5.	Banking and other financial institution transactions.
	6.	Business operating transactions.
TB	7.	Insurance and annuity transactions.
TB	8.	Estate, trust, and other beneficiary transactions.
TB	9.	Claims and litigation.
TB	10.	Personal and family maintenance.
TB	11.	Benefits from social security, medicare, medicaid or other governmental programs, or military service.
TB	12.	Retirement plan transactions.
TB	13.	Tax matters.

REC $10.00
AUD $
R.M.F. $1.00
5.00

COMPUTER ✓
RECORDED ✓
COMPARED

FILED NO. 5060
BOOK 2003 PAGE 5060
2003 AUG 25 PM 4:57
MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

This power of attorney will become effective immediately, and is not affected by my subsequent disability, incapacity or incompetency.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to reimburse the third party for any loss resulting from claims that arise against the third party because of reliance on this power of attorney.

Signed this 18th day of August, 2003

Thomas Allan Berry

THOMAS ALLAN BERRY
Social Security No. [redacted]

STATE OF WISCONSIN)
)ss
COUNTY OF Eau Claire)

This document was acknowledged before me on August 18, 2003 by THOMAS ALLAN BERRY.

Pamela J. Bluem

(Signature of Notarial Officer)

Notary Public

(Title)

[My commission expires: 08/24/06]

PAMELA J. BLUEM NOTARY PUBLIC STATE OF WISCONSIN

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.