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ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

**Power of Attorney
Recorder's Cover Sheet**

Preparer Information: (name, address and phone number)

Frank T. Santana, c/o 7Flags Fitness & Racquet Club, 2100 NW 100th Street, Clive, IA 50325.
(515) 278-8888 Ext. 718

Taxpayer Information: (name and complete address)

Frank T. Santana, c/o 7Flags Fitness & Racquet Club, 2100 NW 100th Street, Clive, IA 50325

Return Document To: (name and complete address)

John E. Casper, 223 E. Court Avenue, P.O. Box 67, Winterset, Iowa 50273-0067
(515)-462-4912

Grantors:

Frank T. Santana

Grantees:

Frank Santana

Legal Description: N/A.

Document or instrument number of previously recorded documents: N/A

Power of Attorney

STATE OF Illinois

COUNTY/PARISH OF Kane

KNOW ALL MEN BY THESE PRESENTS:

That I, Frank T. Santana, of the full age of majority and a resident of Saint Charles, do hereby constitute and appoint:

Frank Santana

a person of the full age of majority as my true and lawful Attorney-in-Fact, for me, and in my name, place and stead to conduct, manage and transact all and singular my affairs, business, concerns and matters of whatever nature or kind, without any exception or reservation whatsoever; to open all letters of correspondence addressed to me and to answer the same; to make all banking transactions including opening and closing accounts as well as deposits and withdrawals from same; and generally to do and perform all and every other act, matter and thing whatsoever, as shall or may be requisite and necessary, touching or concerning my affairs, business or assets as fully, completely and effectually, and to all intents and purposes with the same validity, as if all and every such act, matter or thing, were or had been particularly stated, expressed, and especially provided for, or as I could or might do if personally present; also with full power of substitution and revocation; and I hereby agree to ratify and confirm all and whatsoever my said agent shall lawfully do or cause to be done by virtue of this act of procuration. I further give and grant unto my said Attorney-in-Fact full power and authority to sign all papers, deeds and documents; to issue all receipts and to do all acts necessary and proper to accomplish any and all of the duties hereinabove specified, with the same validity as I might myself do, were I personally present and acting for myself, and I hereby ratify and confirm whatever my said Attorney may do by virtue of this power. This agency is "durable" and shall not be deemed revoked by my disability or incapacity; nor shall this agency be deemed revoked by the passage of time.

THUS DONE AND PASSED, on this 11 day of August 2009, in the presence of the undersigned competent witnesses who have hereunto signed their names with appearer and me, Notary, after due reading of the whole.

Witnesses:

[Signature]
Jim Hayob

[Signature]

[Signature]
Donna M ESCOBEDO

State of Illinois, County of Kane
Signed before me on this 11 day
of August, 2009 by Frank T. Santana
Notary Public [Signature]

[Signature]
Notary Public

