Form #19

POWER OF ATTORNEY

	Date: June	9th ,19 <u>99</u>
KNOW ALL MEN BY THESE PRESENT:		
[, Kevin B. Nowak (Full Name)	,#	residing at
Mount Pleasant Correctional Facility, (Complete address)	mount Pleasant, Iowa 526	1, hereby make,
constitute, and appoint Michele A. Nowak (Give Full Name) my true and lawful attorney in fact for and in m		
and to sign any and all documents tha	· · · · · · · · · · · · · · · · · · ·	
l grant and give my attorney in fact full a all acts necessary or incident to the performance herein as present with full power of substitution	and execution of the powers	
This Power of Attorney expires on the _31st		
In witness whereof, I have hereunto sign June, in the year of _1999		
	Kill B Nonak Signature	June 90 1999 Date
NOTARY PUBLIC State of Iowa, Henry County ss. Subscribed, sworn and acknowledged before me by Carn Nowell, applicant, this 9th day of June, 1995.	TOMPUTER RECORDED TOMPARED	FILED NO. 5190 BOOK 45 PAGE 737 99 JUN 18 PH 4: II MICHELLE LITULE! RECORDER MADISON COUNTY, IGWA
Jense U. M. Da. Q. Notary Public	GEORGIA M. M-DANGE. SE COMMISSION ELPHERS 10 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	nec s 5 00