

POWER OF ATTORNEY

For use by non-residents in designating agent for service of process in compliance with the PESTICIDE USE AND APPLICATION ACT (Act 389 of 1975) and/or the REGULATIONS on 2,4-D, 2,4-DB, MCPA and OTHER STATE RESTRICTED USE HERBICIDES (Adopted under Authority of Acts 389 and 410 of 1975).

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_

\_\_\_\_\_  
(if a corporation, give state under whose law organized)

whose principal office is located at \_\_\_\_\_

does hereby make, constitute and appoint \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City and State

to be its true and lawful agent and attorney-in-fact upon whom all legal processes against said non-resident person, firm or corporation may be served, and who is hereby authorized to enter an appearance in its behalf in any case or proceedings; and the said person, firm or corporation hereby stipulates and agrees that any lawful process against the said person, firm or corporation which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served on said person, firm or corporation.

IN WITNESS WHEREOF the said \_\_\_\_\_

has executed and subscribed this power of attorney in duplicate this \_\_\_\_\_ day of \_\_\_\_\_, (Yr)\_\_\_\_\_.

(SEAL) \_\_\_\_\_

ATTEST: \_\_\_\_\_

(If executed by a corporation, to be signed by its President and attested by its Secretary with corporate seal affixed)

STATE OF \_\_\_\_\_

City (or County) of \_\_\_\_\_.

I, \_\_\_\_\_, a Notary Public in and for the state city or county aforesaid,

hereby certify that \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_

whose names are signed to the foregoing power of attorney, have acknowledged the same before me in my city or county aforesaid.

Given under my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_,

(Yr) \_\_\_\_\_.

(Affix Official Seal Here)

\_\_\_\_\_  
Notary Public