POWER OF ATTORNEY

	KNOW	ALL	MEN	BY	THESE	PKE	SENTS,	that	the	unde	ersigned
Princ	cipal(s),							hav	e ma	de, co	nstituted
and	appointed	, and	by th	nese	presents	does	make,	consti	tute	and	appoint,
							, as	the und	dersig	ned's	true and
lawful Attorney-in-Fact, for us and on our behalf and in our name, place and stead:											
Prote	/				on behalf of Dela						
	_						(the "Co	omplair	nt"), t	o com	municate
with the Consumer Protection Unit regarding the subject matter of such Complaint, and to											
execute and deliver instruments, affidavits, and all other documents necessary or desirable											
in co	nnection w	ith such	Compla	aint.							

b) For the foregoing purposes, or for any of them, to sign in the undersigned's name and to execute and deliver on our behalf all affidavits, instruments, and documents.18

THIS POWER OF ATTORNEY AND THE POWERS HEREINBEFORE CONFERRED UPON OUR SAID ATTORNEY SHALL NOT BE AFFECTED BY OUR SUBSEQUENT DISABILITY OR INCAPACITY. THIS POWER OF ATTORNEY SHALL CONSTITUTE A "DURABLE POWER OF ATTORNEY" WITHIN THE MEANING OF TITLE 12, DELAWARE CODE, SECTION 4901.

GIVING AND GRANTING unto the said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done with respect to the Complaint, as fully, and to all intents and purposes, as the undersigned might or could do if personally present; hereby ratifying and confirming all that the said Attorney shall lawfully do, or cause to be done by virtue hereof.

IN WITNESS WHEREO	F, the said Prine	cipal(s),		and
day of, 20		nto set their	hands and	l seals this
Sealed and Delivered in the Presence of:				
Principal No. 1		Witness No. 1	(required)	(SEAL)
Timelput No. 1		W 101033 1 (0. 1)	(required)	
		Witness No. 2	(required)	(SEAL)
				(SEAL)
Principal No. 2 (if applicable)		Witness No. 1	required if Prin	ncipal No. 2 applicable)
		Witness No. 2	(required if Pri	(SEAL)
		*The same two signatures, if ap		witness both principals
STATE OF DELAWARE))SS			
COUNTY OF NEW CASTLE)			
Be It Remembered, That	on this	day of		
personally came before me, the Su aforesaid,		-		-
each acknowledged before me this I	ndenture to be the	heir respective	acts and dee	eds.
GIVEN under my hand and	seal of office, th	e day and year	aforesaid.	
	Notary Public Name: My commission	<u> </u>		
[Notary Seal]				