AFFIDAVIT OF FULL FORCE AND EFFECT

1. TO BE COMPLETED BY AGENT

I, ______________________________________, the named Agent, being duly sworn, do hereby declare under penalties of perjury that the attached Power of Attorney (the “Power of Attorney”) is in full force and effect, and to the best of my knowledge, I affirm and state that:

1. I am the Agent named in this Power of Attorney, executed and dated ________________________ by __________________________ (the “Account Holder”); 2. The Account Holder is not deceased, and has not partially or completely revoked, terminated, or suspended the Power of Attorney; 3. A petition to determine the capacity or to appoint a guardian for the Account Holder is not pending; 4. I understand and acknowledge that if an Account is an individual retirement account (“IRA”) and as such it is subject to laws governing IRAs, which laws include (without limitation) prohibitions against certain transactions and restrictions on withdrawals, that there may be significant tax and other penalties imposed (including permanent loss of the Account’s status as an IRA) if such laws are violated; 5. In the event that more than one Agent is named for the Account(s), I represent that I am authorized to act severally or individually and that E*TRADE may follow any of my instructions independent of all other attorneys-in-fact, including the delivery of assets to me personally; 6. I understand that in the event of conflicting instructions given by attorneys-in-fact or an Account Holder and an attorney-in-fact, E*TRADE may restrict the Account until joint written instructions are received to its satisfaction; 7. I understand that E*TRADE may, in its discretion, restrict my ability to take distributions or withdrawals from the Account after presentation of the Power of Attorney document; 8. I agree not to exercise any powers granted to me by the attached Power of Attorney if I know or have reason to know that the Power of Attorney has been partially or completely revoked, terminated, or suspended or is no longer valid due to any reason whatsoever, including without limitation, death of the Account Holder or revocation by operation of law; 9. I agree not to give, transmit, convey, or issue any instructions concerning the above-referenced Account that I know, or believe are not authorized by or otherwise not in compliance with, or in violation of the Power of Attorney; and 10. The attached Power of Attorney will remain in full force and effect until such time as appropriate written notification of revocation or termination or significant alteration is received by E*TRADE at P.O. Box 484, Jersey City, NJ 07303-0484.

As Agent for the above-referenced Account Holder, I expressly indemnify and hold E*TRADE and its affiliates and their officers, directors, employees and agents, harmless from any and all liability whatsoever arising from my acts and instructions and omissions. I agree to notify E*TRADE immediately if my authority as Agent has been revoked or otherwise invalidated. I agree to be bound by E*TRADE Customer Agreement, as currently in effect and as amended from time to time. I ACKNOWLEDGE THAT E*TRADE DOES NOT PROVIDE INVESTMENT, TAX, OR LEGAL ADVICE OR RECOMMENDATIONS. I agree to settle by arbitration any controversy arising between me and E*TRADE in accordance with the PRE-DISPUTE ARBITRATION CLAUSE WHICH IS CONTAINED IN E*TRADE CUSTOMER AGREEMENT. I understand that this document shall in all respects be interpreted by the laws and judicial decisions of the State of New York. By acting or agreeing to act as the Agent under this Power of Attorney I assume the fiduciary and legal responsibilities of an agent. These responsibilities include the legal duty to act solely in the interest of the Account Holder (the principal) and to avoid conflicts of interest. The powers granted to me by the Account Holder through the Power of Attorney pertain only to the portion of the Account that is the Account Holder’s E*TRADE Securities brokerage account. E*TRADE and its affiliates assume no responsibility to investigate or verify the capacity of the Account Holder or any Agent to execute this Power of Attorney form or otherwise to investigate or verify the validity of this Power of Attorney. E*TRADE and its affiliates, their directors, officers, employees and agents, may assume that this Power of Attorney is valid in all respects and may rely on the representations and agreements set forth in this Power of Attorney form in acting with respect to the Account.

Signature of Agent Date
2. SIGNATURES AND NOTARY SEAL

<table>
<thead>
<tr>
<th>Subscribed and sworn to before me</th>
<th>After you have completed, signed and notarized this form, return it to one of the following addresses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________________</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>_______________________________</td>
<td>_______________ day of ____________________________<strong><strong>, 20</strong></strong></td>
</tr>
</tbody>
</table>
| Notary Public                  | Regular Mail: E*TRADE Securities LLC  
P.O. Box 484  
Jersey City, NJ 07303-0484  |
| Affix Seal Here                | Overnight Mail: E*TRADE Financial Corporation  
Harborside 2  
200 Hudson Street, Suite 501  
Jersey City, NJ 07311  |