

DMI AND ASSOCIATES, LLC
Financial Letter of Authorization

To all persons be it known that I/We, _____, with the address of _____ . As Grantor(s), I/We do hereby grant this limited Power of Attorney and specific Letter of Authorization to Joseph A. Garcia II, Tracy A. Blake, Shlomo Cohn and/or its assigned associates of the Firm.

My/Our attorney shall have full power and authority to undertake, commit and perform only the following acts on my/Our behalf, to the same extent as if I/We had done so personally; All with full power of substitution and revocation in the presence:

Initials _____ **Description of Specific Authority:**
Financial Reorganization:
To verify, validate, dispute and restructure & reorganize said unsecured **financial obligations** and default contracts.

In lieu of **Bankruptcy**, DMI will seek to attain an acceptable compromise deemed just & proper on default obligations totaling less than \$ _____.

THE authority granted shall include such incidental acts as is reasonably required or necessary to carry out and perform the specific duties stated or contemplated herein.

My/Our attorney in-fact agrees to accept this appointment subject to its terms and conditions. Attorney in-fact agrees to act and perform in said and stated fiduciary capacity, consistent with my/our best interests, as he in his discretion deems advisable, prudent and just to avoid bankruptcy. I/We (debtor) must ratify and approve all said compromise offers, repayment plans and or settlement(s).

I/We agree to reimburse attorney in-fact (DMI & Associates) all stated fees and expenses, incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special Durable Provision:
This Power of Attorney shall be revoked on _____.
Witness my/our hand this _____.

Signed & Endorsed by:

Grantor (s)
Case no: _____

Witnessed herewith: Joseph A. Garcia II, MGP
DMI and Associates, LLC