

**Affidavit and Indemnity Agreement that Power of Attorney  
has not been Revoked or Terminated**

State of ( \_\_\_\_\_ ), County of ( \_\_\_\_\_ )

In the matter of a Power of Attorney duly executed by \_\_\_\_\_ (the principal) on  
the \_\_\_\_\_ day of \_\_\_\_\_ appointing \_\_\_\_\_ Attorney-in-Fact (the "Power of Attorney")

**I, THE UNDERSIGNED AFFIANT, BEING FIRST DULY SWORN, SAY THAT I HAVE NO  
ACTUAL KNOWLEDGE THAT THE POWER OF ATTORNEY HAS BEEN REVOKED OR  
TERMINATED BY:**

1. The death of the principal;
2. any method of Revocation provided in the Power of Attorney;
3. the Principal burning, tearing, canceling, obliterating or destroying the Power of Attorney with the intention and for the purpose of revoking it; or
4. the Principal executing a revocatory document, and delivering notice of the revocation to me, or any other transaction or occurrence.

I agree that I will take no action as Attorney-in-Fact after I receive knowledge or notice that the Power of Attorney has been revoked or terminated.

Further, knowing that Nymeo will rely on this Affidavit, I agree to and do hereby indemnify and hold Nymeo harmless of and from and all demands, claims, actions, causes of action, losses, costs, expense and damage of any nature whatsoever, including reasonable attorney's fees, suffered by Nymeo arising in any manner from, or relating to, this Affidavit or the Power of Attorney.

Signature: \_\_\_\_\_  
Attorney-in-Fact

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the said named \_\_\_\_\_ to me known and known to me to be the person described in and who executed the foregoing instrument, and that he/she executed the same, and being duly sworn by me made oath that the statements in the foregoing instrument are true.

My Commission Expires: \_\_\_\_\_

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