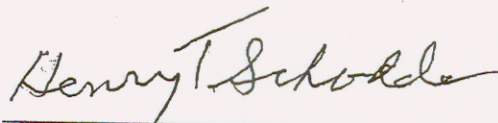


POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **Henry T. Schodde**, a/k/a Henry Schodde, of Heyburn, County of Minidoka, State of Idaho, do hereby constitute and appoint Henry Lynn Schodde, a/k/a H. Lynn Schodde, of 1597 Delmar Circle, City of Idaho Falls, County of Bonneville, State of Idaho 83404, my true and lawful attorney-in-fact for me and in my name, place and stead to act, demand, sue for, recover, and receive all sums of money, debts, dues, effects and things of whatsoever nature or description which now or hereafter shall become due, owing, payable or belonging to me, and upon receipt thereof of any part thereof to make, sign, execute and deliver such receipts as he shall think fit or be advised to settle any account or reckoning whatsoever which I am now or at any time hereafter shall be in anywise interested or concerned with any person whomsoever; to enter into and upon all and singular my real estate, and to let, manage, sell, and improve the same or any part thereof, and to repair or otherwise improve or alter, and to insure any buildings thereon; to deposit any monies which may come to his hands as such money or any other money to which I am entitled which now is or shall be so deposited to withdraw, and either employ as he shall think fit in the payment of any debts, or interest, payable by me, or taxes, assessments, insurance, and expenses due and payable or to become due and payable on account of my real and personal estate; and generally to do and perform all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present.

And I, the said Henry T. Schodde, do hereby ratify and confirm all whatsoever my said attorney shall do, or cause to be done, in or about the premises by virtue of this Power of Attorney. This power of attorney shall not be affected by disability of the principal, it being the intent of the principal that the authority conferred shall be exercisable notwithstanding my disability.

29 IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of April, 2004.

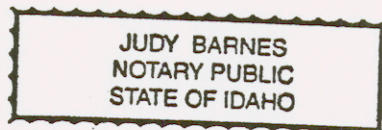


Henry T. Schodde

STATE OF IDAHO)
) ss.
County of Minidoka)

On this 29th day of April, 2004, before me, the undersigned Notary Public in and for said State, personally appeared Henry T. Schodde, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.



(SEAL)

Judy Barnes
Notary Public for Idaho
Residing at: Rupert, Idaho
My Commission expires: 02/12/2005