

RECORDED AT THE REQUEST OF:

AFTER RECORDING, RETURN TO:

LIMITED POWER OF ATTORNEY

We, CYNTHIA CALDWELL ROMNEY, CRAIG CALDWELL, TODD CALDWELL, MARC CALDWELL, and KEVEN CALDWELL (hereinafter Principals), domiciled and residing in the State of Washington, as authorized by R.C.W. 11.94 individually, and specifically R.C.W. 11.94.050, designate the following named person(s) as Attorney in Fact to act for the undersigned Principals for the sole purpose of dealing with real property located in Twin Lakes, Idaho, identified as follows:

10350 West Lake Forest Drive, Rathdrum, Idaho 83858

Full Legal Description:

Lot 4, Block A, LAKE FOREST HOME SITES, Kootenai County,
State of Idaho, according to the Plat recorded in Book D of Plats,
page 41, records of Kootenai County, Idaho.

1. **Designation.** I hereby appoint PATRICA R. CALDWELL and/or THOMAS E. CALDWELL as Attorneys in Fact, granting her/him full power and authority, as though she/he were the absolute owner of my real property located in Idaho, to perform any and all acts in my name, place and stead (except as provided to the contrary herein) as fully as I could perform if personally present.

2. **Powers.**

The Attorneys in Fact, as fiduciaries, shall have all of the powers of absolute ownership over the assets and liabilities of the Principal located within the State of Idaho. Without limiting the powers herein, the Attorneys in Fact shall have the full power, right and authority to sell, lease, rent, exchange, mortgage and otherwise deal in and with any and all property, real or personal in the State of Idaho, belonging to the Principal the same as if he or she were the absolute owner thereof.

3. **Effectiveness.** This Power of Attorney shall become effective immediately and remain effective upon the disability, incompetency, or incapacity of the Principal(s) and continue throughout any disability, incompetency, or incapacity of the Principal(s). Disability shall include the inability of the Principal(s) to manage their property and affairs effectively for reasons such as mental illness, dementia, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, kidnapping or disappearance. Disability may be evidenced by a written statement of a qualified physician regularly attending the Principal(s) and/or by other qualified persons with knowledge of any confinement, detention or disappearance. Incompetence or incapacity may be established by a finding of a Court having jurisdiction over the incompetent Principal(s).

4. **Duration.** This Limited Power of Attorney becomes effective as provided in Paragraph 3 above and shall remain in effect until revoked or terminated under Paragraphs 5 or 6 below, notwithstanding any uncertainty as to whether the Principal(s) is dead or alive.

5. **Revocation.** This Limited Power of Attorney may be revoked, suspended or terminated in writing by the Principal(s) with written notice thereof to the designated Attorney(s) in Fact, and if the same has been recorded, then by recording the written instrument of revocation with the Auditor of the county where the Power of Attorney is recorded.

6. **Termination.**

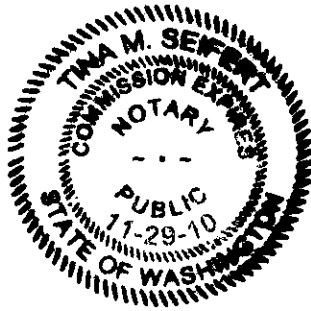
(a) **By Appointment of Guardian.** The appointment of a guardian of the estate of the Principal(s) vests in the guardian with Court approval, the power to revoke, suspend or terminate this Power of Attorney. The appointment of a guardian of the person does not empower the guardian to revoke, suspend or terminate this power of attorney.

(b) **By Death of Principal.** The death of the Principal(s) shall be deemed to revoke this Power of Attorney as to said Principal(s) upon actual knowledge or actual notice being received by the Attorney(s) in Fact.

7. **Accounting.** The Attorney(s) in Fact shall be required to account to any subsequently appointed personal representative.

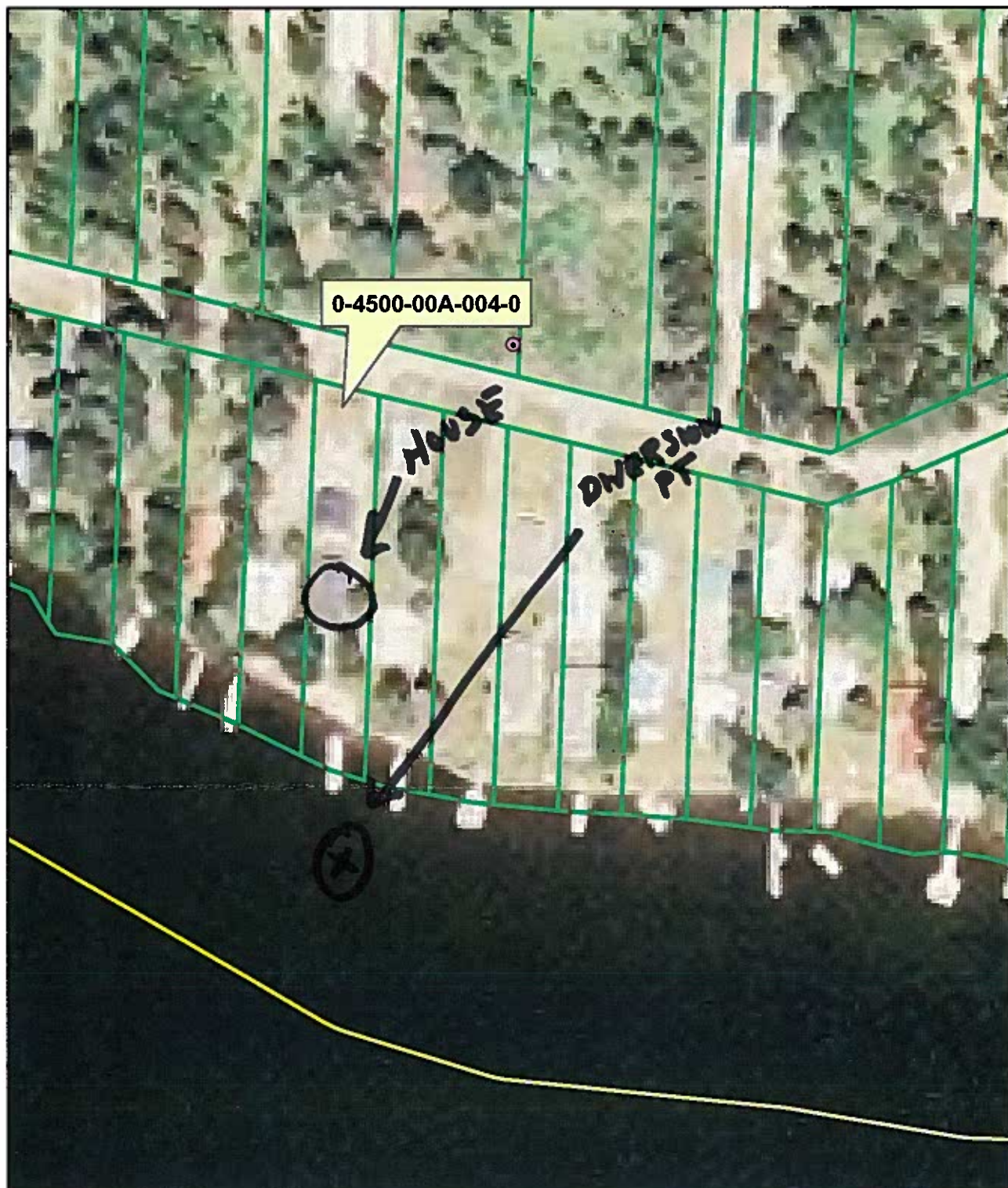
and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument. I believe that they have the capacity to make decisions, and that they signed this document freely and voluntarily.

SUBSCRIBED AND SWORN to before me this 17th day of August 2009.




Notary Public in and for the State of
Washington, residing at Spokane County
My Commission Expires: 11-29-2010

CALDWELL PIN 0-4500-00A-004-0



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