

Limited Power of Attorney

I _____ a.k.a. _____ Last 4 Digits of SS# _____
 Print Clearly

of _____ City _____

State _____ Zip _____

hereby make, constitute, and appoint: National Legal Center

as my true lawful Attorney-in-Fact ("Attorney") for my name and on my behalf, to do and execute all or any acts, deeds and things, as fully as I might or could do if personally present, dealing with my debts and to do any other acts requisite to carry out such powers, except for service of process.

This Limited Power of Attorney is effective upon signing of the Principal and specifically authorizes you upon receipt to disclose, talk about, communicate about, convey documents to and to otherwise provide the above stated Attorney anything and any information that they would otherwise provide to and disclose as information concerning any payable, debt, lien, suit, or judgment or other matter for which I am allegedly responsible for, disputing or otherwise associated with.

The recipient of this LIMITED POWER OF ATTORNEY, whether by original, photocopy or facsimile, is specifically instructed by the undersigned PRINCIPAL to contact my Attorney at the address and number set forth below. In addition, under the general laws of The Fair Debt Collection Practice Act, The Fair Credit Reporting Act, or applicable state laws and/or regulations, as a creditor or third party agent of a creditor, you do not have the ability to refuse to work with my Attorney, for such would constitute a refusal to work with me and an infringement of my rights. If you so chose, you do so at your own risk.

This Power of Attorney shall become effective immediately. The rights, powers and authority of said Attorney herein granted shall commence and be in full force and effect upon execution of this instrument, and shall remain in full force and effect thereafter until termination by written notice.

X _____

Signature:

Date

All Correspondence To Be Sent To: PO Box 835, Candia, NH, 03034

1465 Hooksett Road, Unit 221, Hooksett, NH, 03106
 Correspondence Address: PO Box, 835, Candia, NH, 03034

Telephone: 1-800-728-5285

~ support@clientsupportservices.net ~

Fax: 1-866-526-1602