

# POWER OF ATTORNEY

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ID NUMBER	YEAR	MAKE	BODY	TITLE #
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I hereby appoint \_\_\_\_\_ of **Flowers Employees Credit League, P.O. Box 3137, Thomasville, GA 31799**, to be my lawful attorney-in-fact, to act for me and apply for a certificate or duplicate certificate of title or register or transfer title to the property described above and to sign my name and do all things necessary to this appointment including authority to file a note of lien for the purpose of noting same on the title certificate for this property pursuant to applicable state laws.

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**Signature of Owner**

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**Owner's Name - Print or Type**

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**Signature of Co-Owner**

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**Co-Owner's Name - Print or Type**

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**Address of Owner**

Sworn to and subscribed before me  
on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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**Notary Public**