

IN TESTIMONY WHEREOF, I have hereunto set my hand this: ____ day of _____
of 20____.

Signature of Parent

IN TESTIMONY WHEREOF, I have hereunto set my hand this: ____ day of _____
of 20____.

Signature of Parent

**I/We, the undersigned Attorney(s) in Fact hereby accept the foregoing Delegation of
Parental Authority.**

Signature of Attorney in Fact

Signature of Attorney in Fact

The above-named persons known to me appeared and having been first duly sworn subscribed before me
on this _____ day of _____ 20____.

SEAL OR NOTARY STAMP

NOTARY PUBLIC
STATE OF MINNESOTA

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