LIMITED POWER OF ATTORNEY FOR THE NORTH CAROLINA SOIL AND WATER CONERVATION COMMISSION COST SHARE PROGRAM

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS, that			, a North	
Carolina corporation doing business in and around the	City of	, County of	, State of North	
Carolina, does hereby make, constitute and appoint		, of the City of	, County of	
, State of North Carolina, its true and	lawful atto	rney-in-fact for itself and in its i	name, place and	
stead, giving unto said, f	ull power to	o act in its name, place and stead	in any way which it	
could do by proper action of its corporate officers w	vith respec	t to participation in the N.C.	Soil and Water	
Conservation Commission Cost Share Program (the "	Program"),	specifically including the follo	wing powers checked	
below:				

access to any and all records maintained by _____ Soil and Water Conservation District;

signing of documents or entering into agreements, both written and oral; making application to the Program to request assistance;

making decisions on best management practices to be installed;

requesting and receiving payments for best management practices that have been installed and approved for payment pursuant to the terms of the Program;

canceling or authorizing cancellation of agreements.

Further said corporation hereby ratifies and affirms any actions that _______ shall lawfully do or cause to be done as said attorney in fact with respect to the transaction contemplated herein. This Power of Attorney shall remain in full force and effect until written notice of its revocation has been duly served upon the ______ Soil and Water Conservation District. Copies of it shall remain on file in the ______ Soil and Water Conservation District office and in the office of the North Carolina Division of Soil and Water Conservation. A certified copy of the corporate resolution authorizing this Power of Attorney is attached hereto as "Exhibit A."

This the _____ day of _____, 202_.

NAME OF CORPORATION,	
a North Carolina corporation	

By:	 _
Name:	 _
Title:	
EIN:	_

(Corporate Seal)

ATTEST:

(Asst.) Secretary

NORTH CAROLINA

I, the undersigned, a Notary Public for said County and State, certify that ______, personally came before me this day and acknowledged that (s)he is Secretary of ______, a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____President, sealed with its corporate seal, and attested by her/himself as its (Asst.) Secretary.

Witness my hand and official seal or stamp, this the <u>day of</u>, 202.

My Commission Expires:

Notary Public Stamp/Seal