POWER OF ATTORNEY FOR DEA ORDER FORMS

(Name of registrant)
(Address of registrant)
(DEA registration number)
I,	
(Signature of person granting power)	
I, named herein as attorney-in-fact and that the s	(name of attorney-in-fact), hereby affirm that I am the person ignature affixed hereto is my signature.
(Signature of attorney-in-fact)	
Witnesses:	
1	
2	
Signed and dated on the day of	, (year), at
NOTICE OF REVOCATION	
application for registration of the above-named	oked by the undersigned, who is authorized to sign the current direction registrant under the Controlled Substances Act or the Written notice of this revocation has been given to the this same day.
(Signature of person revoking power)	
Witnesses:	
1	
2	
Signed and dated on the day of	, (year), at