LIMITED POWER OF ATTORNEY

l,	, the undersigned hereby appoint
	_as my attorney in fact for the purpose of
obtaining criminal history/background checks	s from the San Diego Sheriff's Department.
I grant to said attorney full power and author	rity to perform any necessary acts to obtain
criminal history/background check information	on from the San Diego County Sheriff's Department
including but not limited to submitting any ap	oplications and paying all necessary fees.
This limited power of attorney is granted for	the period of 90 days from the date signed and
notarized below.	,
Signed	Date
A notary public or other officer completing this certificate ve	erifies only the identity of
the individual who signed the document to which this certifi	
the truthfulness, accuracy, or validity of that document.	
State of} ss. County of}	
county of	
On, before me,	Notary Public, personally appeared
	proved to me on the basis of satisfactory evidence to be the
	and acknowledged to me that he/she/they executed the same in 'their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s) acted, executed the inst	
I certify under PENALTY OF PERJURY under the laws of the sparagraph is true and correct.	State of that the foregoing
paragraph is true and correct.	
WITNESS my hand and official seal.	