

POWER OF ATTORNEY

NOTICE: THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____, last four digits of my SSN XXX-XX-_____, with an address of _____, appoint Montalvo Law, with an address of 900 N. Main St., McAllen, Texas 78501, as my agent to act for me in any lawful way with respect to all of the following powers:

To take all necessary actions on my behalf to put a “security freeze” on my credit by contacting and interacting with credit reporting agencies such as Trans Union, Experian, and Equifax.

UNLESS YOU DIRECT OTHERWISE HEREIN, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

Signed on the _____ day of _____,
in the year 2010.

Principal

THE STATE OF TEXAS §

COUNTY OF _____ §

This instrument was acknowledged before me on the _____ day of _____, in the year 2010, by _____ .

Notary Public, State of Texas

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.