

Alaskan Natural Care, Inc.

Power of Attorney to Endorse Checks

KNOW ALL MEN BY THESE PRESENT: That the undersigned had made, constituted and appointed, and by these presents does hereby make, constitute and appoint ALASKAN NATURAL CARE INC. and any of its duly authorized agents and employees as and to be the undersigned's true and lawful Attorney for and in the undersigned's name, place and stead to endorse any and all checks, drafts or money orders which are made payable to the undersigned alone or to the undersigned and the said ALASKAN NATURAL CARE INC. which checks, drafts, or money orders are to pay for Acupuncture or Massage services or the like which have been made by ALASKAN NATURAL CARE INC. at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft, or money order. The undersigned by these presents does thus give and grant unto the said ALASKAN NATURAL CARE INC. as attorney the full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as the undersigned might or could do to personally present insofar as the endorsing and cashing of said checks are concerned.

The undersigned does hereby ratify and confirm any and all actions taken by the said attorney in accordance with this special power of attorney and which the said attorney shall do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF the undersigned have hereunto set their hands, this

_____ day of _____, 20_____

Witness to Patient's Signature

Patient's Full Name (Print)

Signature of Patient