

OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

POWER OF ATTORNEY

Know all men by these presents, that the undersigned does hereby make, constitute and appoint

LAST NAME (Including Suffix: Sr. Jr. III etc.)		FIRST NAME			MI
Bridge CU Agent					
STREET ADDRESS		CITY		STATE	ZIP CODE
10567 Sawmill Pkwy., Suite 100		Powell		ОН	43065
My true and lawful attorney-in-fact for me and in my name, place and stead, to make and execute the assignment of or application for my Certificate of Title covering the following described motor vehicle, to-wit:					
MAKE	YEAR		VIN.		
And granting to my said attorney-in-fact full authority to do and perform all and every act and thing whatsoever, requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his/her substitute shall lawfully do or cause to be done by virtue hereof. In Witness whereof, the undersigned has caused his/her name to be subscribed hereto this					
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER OF PERSON GIVING POWER OF ATTORNEY					
SIGNATURE OF PERSON GIVING POWER OF ATTORNEY					
X					
ACKNOWLEDGEMENT					
Notary:					
Sworn to and subscribed in my presence this	s day	of	, 20	_ in	County,
State of(Notary Seal)					
X Signature of Notary Public or other Authorize	I O#: I I		My com	mission expires	
Signature of Notary Public or other Authorize	ed Officer by lav	W			

NOTE: A motor vehicle dealer licensed in accordance with 4517 of the Ohio Revised Code (R.C.), who is the owner or purchaser of the motor vehicle, is not required to have this document notarized under section 4505.063 of the R.C.