

POWER OF ATTORNEY CERTIFICATION



Shelton Capital Management requires this form to be completed by the Attorney-in-Fact (AIF) under the Power of Attorney and submitted along with a full and complete copy of the Power of Attorney as well as any applicable riders or addendums. Any event or contingency documentation required by the Power of Attorney must also be submitted.

P.O. Box 87
Denver, CO 80201-0087

MAIN (800) 955-9988
FAX (303) 534-5627

info@sheltoncap.com

Please complete all sections and mail form to:

Shelton Capital Management
P.O. Box 87
Denver, CO 80201-0087

SHAREHOLDER'S NAME

Last First M.I.

Account Number(s)

ATTORNEY-IN-FACT

Last First M.I.

ATTORNEY-IN-FACT AFFIDAVIT

Note: Shelton Capital Management requires this section to be completed prior to processing any transaction submitted by the AIF.

I, _____, being duly sworn, depose and state that:

- (a) The principal validly executed, in accordance with state law, a power of attorney ("POA") dated ___/___/___, appointing me as his/her Attorney-in-Fact. Attached to this affidavit is a true and complete copy of the POA.
- (b) This POA is now in full force and effect. The Principal is now living and I have received no notice that the Principal has revoked or suspended this POA.
- (c) If the POA was drafted to become effective upon the happening of an event or contingency, that event or contingency has occurred. Any proof of the event or contingency required by the POA is attached.
- (d) If the POA has an expiration date, I acknowledge that the powers granted will expire as per the date referenced in the POA.
- (e) I make this affidavit for the purpose of inducing Shelton Capital Management to accept delivery of the attached instrument(s) as executed by me in my capacity as Attorney-in-Fact of the Principal, with full knowledge that this affidavit will be relied upon by Shelton Capital Management in accepting the instrument(s) affecting Shelton Capital Management Account Number(s) provided in Section 1 of this form.

SIGNATURE

Must be notarized or signature guaranteed

Attorney-in-Fact's Signature

Date

NOTARIZATION

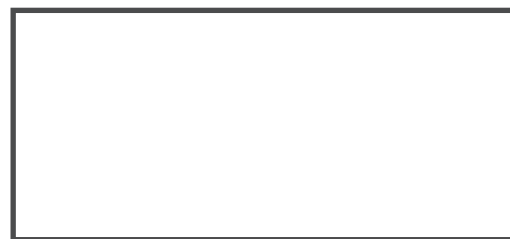
State of: _____

County of: _____

Subscribed and sworn or affirmed to before me on this ___ day of ___, 20___ by
proved to me on the basis of satisfactory evidence to be the person(s) who appeared
before me.

Notary Public Signature

Notary Public Signature



Notary Seal