ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify any third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

TERMINATION:

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

SIGNATURE AND ACKNOWLEDGEMENT:

In Witness Whereof I have hereunto signed my name on the 13th day of March, 2014

(YOU SIGN HERE) _____
(Signature of Principal)

ACKNOWLEDGEMENT IN NEW YORK STATE

STATE OF NEW YORK)
) ss.:
COUNTY OF NY)

On the day of 13 in the year 2014 before me, the undersigned, personally appeared Jeffrey Epstein personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

_____
(Signature and office of the individual taking acknowledgement)

LESLEY K GROFF
Notary Public - State of New York
NO. 01GR6285700
Qualified in New York County
My Commission Expires Jul 8, 2017

ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE

STATE OF NY)
) ss.:
COUNTY OF NY)

On the 13th day of March, in the year 2014, before me, the undersigned, personally appeared , personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned in .

_____
(Signature and office of the individual taking acknowledgement)

LESLEY K GROFF
Notary Public - State of New York
NO. 01GR6285700
Qualified in New York County
My Commission Expires Jul 8, 2017

CONFIDENTIAL - PURSUANT TO FED. R. CRIM. P. 6(e)
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