

**HEALTH CARE POWER OF ATTORNEY AND  
DECLARATION REGARDING TREATMENT**

I, **EDWARD J. GREEN**, of 1365 Deerfield Drive, State College, Centre County, Pennsylvania, being of sound mind, willfully and voluntarily make this Health Care Power of Attorney and Declaration Regarding Treatment.

**I. Health Care Power of Attorney**

I hereby appoint **RUILIN ZHOU**, of 1365 Deerfield Drive, State College, Pennsylvania, as my agent and attorney-in-fact to exercise the following health care powers:

1. *Medical Procedures.* To arrange for and consent to or to withhold medical, therapeutical and surgical procedures for me, including the administration of drugs.

2. *Admission Into Facilities.* To apply for my admission into medical, nursing, residential, rehabilitation, convalescent, or other similar facilities on my behalf, and to sign any consent or admission forms required by such facilities which are consistent with this power, and to enter into agreements for my care by such facilities or elsewhere during my lifetime or for lesser periods of time as my agent may designate, including the retention of nurses for my care.

3. *Medical Information.* To be considered a personal representative under privacy regulations related to Protected Health Information and for my agent to be entitled to all health information in the same manner as if I personally were making the request. This power of attorney authorizes my agent to make various property-related decisions on my behalf, some of which relate to my health care. Accordingly, I confirm that, in connection wherewith, my agent shall be treated as my personal representative for all purposes as provided by Regulation Section 164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as "HIPAA."

In the event **RUILIN ZHOU** is unable or unwilling to act, I appoint **GAYLE MEREDITH GREEN** as first successor.

**II. Declaration Regarding Treatment**

This Declaration is to be followed if I become incompetent. This Declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

I ( ) do ( ☒ ) do not want cardiac resuscitation.

I ( ) do ( ☒ ) do not want mechanical respiration.

I ( ) do ( ☒ ) do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I ( ) do ( ☒ ) do not want blood or blood products.

I ( ) do ( ☒ ) do not want any form of surgery or invasive diagnostic tests.

I ( ) do ( ☒ ) do not want kidney dialysis.

I ( ) do ( ☒ ) do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Other instructions:

I ( ☒ ) do ( ) do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness. Name and address of surrogate (if applicable):

RUILIN ZHOU, 1365 Deerfield Drive, State College PA 16803

Name and address of first substitute surrogate (if surrogate designated above is unable to serve):  
GAYLE MEREDITH GREEN, 220 Monroe St., Philadelphia, PA 19147

I ( ☒ ) do ( ) do not want to make an anatomical gift of all or part of my body, subject to the following limitations, if any:

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[The remainder of this page is intentionally blank.]

I made this declaration on the 21 day of December, 2005.

Edward J. Green

Edward J. Green, Declarant

Declarant's Address:

1365 Deerfield Drive  
State College PA 16803

The Declarant or the person on behalf of and at the direction of the Declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

[Signature]

Witness

Witness's Address:

110 Regent Court, Suite 202  
State College PA 16801

[Signature]

Witness

Witness's Address:

110 Regent Court, Suite 202  
State College PA 16801

COMMONWEALTH OF PENNSYLVANIA

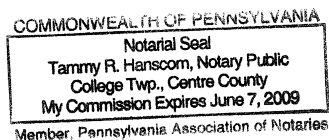
COUNTY OF CENTRE

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} SS:  
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On this 21st day of December, 2005, before me, a notary public, the undersigned officer, personally appeared EDWARD J. GREEN, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within indenture, and acknowledged that he executed the same for the purpose therein contained. Also, subscribed, acknowledged and sworn to before me by FREDRICK FARBER and DIANE K. AMENDOLA, the aforesaid witnesses.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.

Tammy R. Hanscom  
Notary Public



Medical Power of Attorney

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 Pa.C.S. CHAPTER 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS FORM NOTICE, AND I UNDERSTAND ITS CONTENTS.

12/21/05

Date

Edward J. Green

Edward J. Green, Principal

### MEDICAL POWER OF ATTORNEY

I, **EDWARD J. GREEN**, of 1365 Deerfield Drive, State College, Centre County, Pennsylvania, hereby appoint **RUILIN ZHOU**, of 1365 Deerfield Drive, State College, Pennsylvania (hereinafter referred to as "my Agent"), my Agent for me and in my name and place to exercise, as completely as I myself might do if personally present, the following powers:

1. Medical Information. To be considered a personal representative under privacy regulations related to Protected Health Information and for my attorney to be entitled to all health information in the same manner as if I personally were making the request. This power of attorney authorizes my attorney to make various property-related decisions on my behalf, some of which relate to my health care. Accordingly, I confirm that, in connection herewith, my attorney shall be treated as my personal representative for all purposes as provided by Regulation Section 164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as "HIPAA."

2. Access to My Medical Information. To request, review, and receive any oral or written information regarding my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain this information.

3. Medical Procedures. To authorize medical and surgical procedures upon me.

4. Employ and Discharge Others. To employ and discharge physicians, psychiatrists, dentists, nurses, therapists, and other professional as my Agent deems necessary for my physical, mental, and emotional well-being; and to pay them reasonable compensation.

5. Placement in an Institution. To take charge of my person in case of illness or disability of any kind; to authorize or refuse my admission to a medical, nursing, residential or similar facility on a temporary basis, and to enter into agreements for my care; and to remove and place me in such institutions or places as my Agent may deem best for my personal care, comfort, benefit and safety after giving consideration to any wishes I have previously expressed on this subject.

6. Consent, or Refuse Consent, to my Psychiatric Care. To arrange for my voluntary admission to an appropriate hospital or institution for treatment of the diagnosed problem or disorder; to arrange for private psychiatric and psychological treatment for me; to refuse consent for any such hospitalization, institutionalization, and private psychiatric and psychological care; and to revoke, modify, withdraw, or change consent to such hospitalization, institutionalization, and private treatment which I or my Agent may have given at an earlier time.

7. Provide Relief from Pain. To consent to and arrange for the administration of pain-relieving drugs of any type, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment of (but not intentionally cause) my death.

8. Protect Rights of Privacy. To exercise my right to privacy to make decisions regarding my medical treatment and my right to be left alone even though the exercise of my right might hasten death or be against conventional medical advice. My Agent may take appropriate legal action, if necessary in my Agent's judgment, to enforce my right in this regard.

9. Provide for Companionship. With a view to meeting my needs for companionship at a time when I am disabled or otherwise unable to arrange for that companionship myself, and with my Agent's knowledge of my needs and companionship for me as will respect my dignity and meet my needs and preferences. I shall seek to communicate my wishes in this regard from time to time, but if necessary, my Agent may rely upon previously expressed preferences in fulfilling this responsibility.

10. Arrange Services and Make Anatomical Gifts. To make advance arrangements for whatever services after my death I request, if any, or memorial services and such other related arrangements, including anatomical gifts, as my Agent deems advisable. I shall seek to communicate my wishes with respect to these matters and my Agent should rely upon such wishes in exercising this power.

11. Execute Documents and Enter into Contracts in Implementing the Above Powers. To sign, execute, deliver, acknowledge, and make declarations in any document or documents that may be necessary, desirable, convenient, or proper in order to exercise any of the aforementioned powers, and to enter into contracts in the exercise of any such powers.

12. General. To do all things which my Agent shall deem proper in order to carry out any of the foregoing enumerated powers and to carry out any other matters involving my medical or health concerns. The descriptive headings of this power of attorney are inserted for convenience only and shall not be deemed to affect the meaning or construction of any of the provisions hereof.

13. Ratification. I hereby ratify and confirm all that my Agent shall lawfully do or cause to be done by virtue hereof.

14. Third Party Reliance. For the purposes of inducing any physician, hospital, or other party to act in accordance with the powers granted in this document, I hereby represent, warrant and agree that:

a. If this document is revoked or amended for any reason, I and my estate will hold such party or parties harmless from any loss suffered, or liability incurred, by such party or parties in acting in accordance with this document prior to that party's receipt of written notice of any such termination or amendment.

b. The powers conferred on my Agent by this document may be exercised by my Agent alone and my Agent's signature or act under the authority in this document may be accepted by third parties as fully authorized by me and with same force and effect as if I were personally present, competent, and acting on my own behalf.

c. No person who acts in reliance upon any representation my Agent may make regarding the scope of authority granted under this document shall incur any liability to me or my estate for permitting my Agent to exercise any such power.

d. All third parties from whom my Agent may request information regarding my health are hereby authorized and directed to provide such information to my Agent without limitation and are released from any legal liability whatsoever to me or my estate for complying with my Agent's requests. With specific reference to medical information, including information about my mental condition, I am hereby authorizing in advance all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my Agent all information and photocopies of any records which my Agent may request. If I have the capacity to confirm this authorization at the time of the request, third parties may seek such confirmation from me if they so desire. If I do not have the capacity to make such a confirmation, all physicians, hospitals, and other health care providers are hereby authorized to treat my Agent's request as that of a legal representative of an incompetent patient and to honor such requests on that basis. I hereby waive all privileges that may be applicable to such information and records, and to any communication pertaining to me and made in the course of a lawyer-client, physician-patient, psychiatrist-patient, clergyman-penitent, or sexual assault victim-counselor relationship.

e. My Agent shall have the right to seek appropriate court orders mandating acts that my Agent deems appropriate if a third party refuses to comply with action taken by my Agent that is authorized by this document, or enjoining acts by third parties that my Agent has not authorized. In addition, my Agent may bring legal action against any third party who fails to comply with actions I have authorized my Agent to take, and demand damages, including punitive damages, on my behalf for such noncompliance.

15. Reliance of Power. This power may be accepted and relied upon by anyone to whom it is presented until such person either receives written notice of revocation by me or by a court-appointed guardian of my person.

16. Effect of My Disability. This power of attorney shall not be affected by my disability.

17. Governing Law. This power of attorney shall be governed by and interpreted in accordance with Pennsylvania law.

18. Successor Attorney. In the event RUILIN ZHOU is unable or unwilling to act, I appoint GAYLE MEREDITH GREEN as successor Agent. For the purposes of reliance by third parties, the presentation of this power by the successor named as Agent shall be deemed conclusive proof that the previous Agent has failed to act or ceased to serve.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 21 day of December, 2005.

Sealed and Delivered  
in the Presence of:

[Signature]  
Witness

Edward J. Green  
Edward J. Green

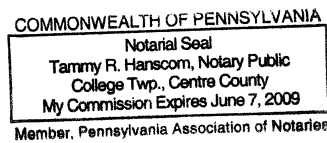
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Witness

COMMONWEALTH OF PENNSYLVANIA }  
COUNTY OF CENTRE } SS:

On this 21st day of December, 2005, before me, a notary public, the undersigned officer, personally appeared EDWARD J. GREEN, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within indenture, and acknowledged that he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.

Tammy R. Hanscom  
Notary Public





ACKNOWLEDGMENT BY AGENT

I, RUILIN ZHOU, have read the attached Power of Attorney and am the person identified as the Agent for the Principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the Power of Attorney or in 20 Pa.C.S. when I act as agent:

I shall exercise the powers for the benefit of the Principal.

I understand that unless expressly provided for above, I do not have the power to make gifts on behalf of the Principal.

I shall keep the assets of the Principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the Principal.

Dec. 21, 2005  
Date

Ruilin Zhou  
Ruilin Zhou, Agent