POA INSTRUCTION PAGE ONLY ~ DO NOT COMPLETE THIS FORM

USING A POWER OF ATTORNEY COMPLETING THE FORM

WRITE EIN#, IRS# OR CUSTOMS ASSIGNED # ON UPPER LEFT LINE

BOXES AT UPPER RIGHT OF FORM:

CHECK APPROPRIATE BOX:

- INDIVIDUAL
- □ PARTNERSHIP
- □ CORPORATION
- SOLE PROPRIETORSHIP
- ✓ CHECK THE BOX WHICH IS MOST APPROPRIATE FOR THE PRINCIPAL HERE ARE SOME USEFUL DEFINITIONS:

INDIVIDUAL = A PERSON NOT ACTING IN A BUSINESS CAPACITY

PARTNERSHIP = TWO OR MORE INDIVIDUALS OPERATING A BUSINESS

CORPORATION = A BUSINESS AUTHORIZED BY STATE STATUTE WITH LIMITED LIABILITY

SOLE PROPRIETORSHIP = A BUSINESS OWNED BY AN INDIVIDUAL.

KNOW ALL MEN BY THESE PRESENTS: THAT

(FULL NAME OF PERSON, PARTNERSHIP, OR CORPORATION, OR SOLE PROPRIETORSHIP (IDENTIFY)

- THIS BLOCK GIVES THE LEGAL NAME OF THE PRINCIPAL ON THE POWER OF ATTORNEY
- THE NAME MUST BE COMPLETE; ABBREVIATIONS SHOULD BE AVOIDED

EXAMPLES:

IF THE IMPORTER IS **MARY JANE SMITH**, THE FULL NAME SHOULD BE SHOWN. IF THE LEGAL NAME OF A CORPORATION ON ITS ARTICLES OF INCORPORATION IS LISTED AS X Y Z, INCORPORATED, THEN THAT IS WHAT SHOULD BE SHOWN.

IN THE CASE OF A **PARTNERSHIP**, THE FULL NAME OF EACH OF THE GENERAL PARTNERS SHOULD BE SHOWN. IF THERE IS INSUFFICIENT ROOM, AN ATTACHMENT MUST BE MADE TO THE POWER OF ATTORNEY FORM. IN THE CASE OF A **LIMITED PARTNERSHIP**, ONLY THE NAMES OF THE GENERAL PARTNERS MUST BE LISTED.

STATE OF INCORPORATION

| A CORPORATION DOING BUSINESS UNDER THE LAWS OF THE STATE OF | |
|-------------------------------------------------------------|--|
| | |

- THIS SECTION IS ONLY TO BE COMPLETED IF THE PRINCIPAL ON THE POWER OF ATTORNEY IS A CORPORATION
- INSERT THE STATE OF INCORPORATION OF THE PRINCIPAL.

POA INSTRUCTION PAGE ONLY ~ DO NOT COMPLETE THIS FORM

| DESIGNATION OF A PRINCIPAL WHICH IS OTHER THAN A CORPORATION OR A | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | |
| THIS BLANK IS ONLY COMPLETED WHEN THE PRINCIPAL IS NOT A CORPORATION THIS BOX INDICATES THE LEGAL ENTITY OF THE PRINCIPAL. YOUR CHOICES WOULD ONLY BE ONE OF THE FOLLOWING: INDIVIDUAL PARTNERSHIP SOLE PROPRIETORSHIP UNINCORPORATED ASSOCIATION | | |
| FICTITIOUS NAME | | |
| DOING BUSINESS AS | | |
| THIS BOX IS TO BE COMPLETED WHEN THE NAMED PRINCIPAL IS USING A FICTITIOUS BUSINESS OR TRADE NAME TO TRANSACT ITS CUSTOMS BUSINESS. THAT NAME SHOULD ALSO APPEAR ON THE BOND AS A "D/B/A". THE PRINCIPAL MUST BE AUTHORIZED UNDER STATE LAW TO USE SUCH FICTITIOUS NAME. RESIDENCE ADDRESS | | |
| NESIDENCE ADDICESS | | |
| RESIDING AT | | |
| INSERT RESIDENCE ADDRESS ONLY WHEN THE INDIVIDUAL LIVES AND WORKS AT THAT ADDRESS; IF THE INDIVIDUAL HAS A SEPARATE BUSINESS ADDRESS, THAT SHOULD BE SHOWN IN THE PROPER BOX AND THIS LINE MAY BE OMITTED. | | |
| BUSINESS ADDRESS | | |
| HAVING AN OFFICE AND PLACE OF BUSINESS AT | | |
| ■ INSERT PRINCIPAL'S BUSINESS ADDRESS. | | |
| IN WITNESS WHEREOF, THE SAID | | |

INSERT FULL NAME OF COMPANY, INDIVIDUAL OR PARTNERS

SIGNATURE:

✓ SIGNED BY INDIVIDUAL, OFFICER OF CORPORATION OR PARTNERS

CAPACITY AND DATE:

■ TITLE OF CORPORATE OFFICER SIGNING POWER OF ATTORNEY, IF AN INDIVIDUAL WRITE IN "INDIVIDUAL", OR NAME OF PARTNERS

POA INSTRUCTION PAGE ONLY ~ DO NOT COMPLETE THIS FORM

| WITNESS: | |
|----------|------------------------|
| ✓ | TWO WITNESS SIGNATURES |

PAGE 2

TOP SECTION OF PAGE 2

INDIVIDUAL OR PARTNERSHIP CERTIFICATION

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC

LOWER SECTION OF PAGE 2

CORPORATE CERTIFICATION

TO BE COMPLETED BY FOREIGN CORPORATIONS.

I, (NAME OF PERSON SIGNING BELOW), CERTIFY THAT I AM THE (TITLE OF OFFICER), OF (NAME OF CORPORATION), THAT (PERSONS NAME THAT SIGNED PAGE 1), WHO SIGNED THIS POWER OF ATTORNEY ON BEHALF OF THE DONER, IS THE (TITLE) OF SAID CORPORATION; AND THAT SAID POWER OF ATTORNEY WAS DUTY SIGNED

SIGNATURE DATE

 ✓ SIGNATURE OF CORPORATE OFFICER SIGNING ABOVE STATEMENT DATE SIGNED