



**POWER OF ATTORNEY
U.S. PRINCIPAL PARTY IN INTEREST/AUTHORIZED AGENT**

Know all men by these presents, That _____
(Name of U.S. Principal Party in Interest / USPPI)
the U.S. PRINCIPAL PARTY IN INTEREST, organized and doing business under the laws of
the State or Country of _____, and having an office and place of
business at

(Address of USPPI)
hereby authorizes **SOURCE LOGISTICS LLC.**, having its principal place of business at **3090
N HWY 17, MOUNT PLEASANT SC 29466, United States of America** to act for and on its
behalf as a true and lawful agent and attorney of the U.S. Principal Party in Interest (USPPI) for,
and in the name, place, and stead of the USPPI, from this date, in the United States either in
writing, electronically, or by other authorized means to: act as authorized agent for export control,
U.S. Census Bureau (Census Bureau) reporting, and U.S. Customs and Border Protection (CBP)
purposes. Also, to prepare and transmit any Electronic Export Information (EEI) or other
documents or records required to be filed by the Census Bureau, CBP, the Bureau of Industry
and Security, or any other U.S. Government agency, and perform any other act that may be
required by law or regulation in connection with the exportation or transportation of any goods
shipped or consigned by or to the USPPI, and to receive or ship any goods on behalf of the USPPI.

The USPPI hereby certifies that all statements and information contained in the documentation
provided to the authorized agent and relating to exportation will be true and correct.
Furthermore, the USPPI understands that civil and criminal penalties may be imposed for
making false or fraudulent statements or for the violation of any United States laws or
regulations on exportation.

This power of attorney is to remain in full force and effect until revocation in writing is duly
given by the U.S. Principal Party in Interest and received by the Authorized Agent.

IN WITNESS WHEREOF,

(Name of USPPI)

has caused these presents to be sealed and signed:
(Signature) _____ Capacity: _____
Print Name: _____
Witness: _____ Signature: _____
Capacity: _____ Date: _____