

SS# or IRS# _____

Date of Birth of individual _____

- Individual
- Partnership
- Corporation
- Sole Proprietorship

CUSTOMS POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That, _____
(Full Name of person, partnership, corporation, or sole proprietorship (identify))

a corporation doing business under the laws of the State of _____ or a overseas company, or
_____ doing business as _____

residing at _____,

having an office and place of business at _____

constitutes and appoints each of the following persons (give full name of each agent designated) **Martin E. Button, Inc., d.b.a. Cosdel International Transportation** through any of its licensed and designated employees authorizes to act for such by Power of Attorney as a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of said grantor from this date and in all customs districts, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; to receive and merchandise deliverable to said grantor;

To make endorsements on bills of lading conferring authority to make entry or collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in any customs district;

To sign, seal, and deliver for us and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unlading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable laws and regulations, consignee's and owner's declarations provided for in section 485, Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise;

To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unlading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

To file Importer Security Filing and to transmit any information required by Customs prior to loading cargo on a vessel; To sign, seal and deliver for and as the act of said Grantor, any bond required by law or regulation in connection with the transmission or filing of the Importer Security Filing Data elements.

To authorize other customs brokers to act as grantor's agent; to receive, endorse and collect checks issued for customs duty refunds in grantor's name drawn on the Treasurer of the United States; if the grantor is a nonresident of the United States, to accept service of process on behalf of the grantor; And generally to transact at the customhouses in any port any and all customs business, including making, signing, and filing of protests under section 514 of the Tariff Act of 1930, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by

an agent and attorney, giving to said agent and attorney full power and authority to do anything whatsoever requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents; the foregoing power of attorney to remain in force and effect until revoked or until notice of revocation in writing is duly given to and received by a Port Director of Customs. If the donor of this power of attorney is a partnership, the said power of attorney shall in no case have any force or effect after the expiration of 2 years from the date of its execution.

Appointment as Forwarding Agent:: Grantor authorizes the above Grantee to act for and in the name, place and stead of the Grantor, within the territory as a true and lawful agent and attorney of the Grantor for export control, U.S. Census Bureau reporting, and CBP purposes, and to prepare, sign, endorse and transmit any Electronic Export Information, or other export documents or records (i.e., export declaration, AES (Automated Export System) filings, commercial invoices, bills of lading, insurance certificates, drafts and any other document) including those required to be filed with the U.S. Census Bureau of Industry and Security or any other U.S. Government agency, and to perform any other act that may be necessary for the completion of any export or transportation of any goods shipped or consigned by or to the Grantor on Grantor's behalf as may be required under law and regulation in the territory and to receive or ship goods on behalf of the Grantor and appoint forwarding agents on Grantor's behalf. The Grantor hereby certifies that all statements and information contained in the documentation provided to Martin E. Button Inc. d.b.a. Cosdel International Transportation, its licensed officers, designated employees, and agents and relating to exportation will be true and correct. Furthermore, the Grantor understands that civil and criminal penalties may be imposed for making false and fraudulent statements or for the violation of any United States laws or regulations on exportation.

IN WITNESS WHEREOF, the said _____ has caused these presents to be sealed and signed:

(Signature) _____ (Capacity) _____ (Date) _____

WITNESS: _____

NOTICE REGARDING PAYMENT OF CUSTOMS CHARGES

If you are the importer of record, payment to the broker will not relieve you of liability for Customs charges (duties, taxes or other dues owed Customs) In the event the charges are not paid by the broker. Therefore, if you pay by check, Customs charges may be paid with a separate check payable to the U.S. Customs by the broker. Importers who wish to utilize this procedure must contact our office in advance to arrange timely receipt of duty checks.

By signing certification, you acknowledge that duty payments are the responsibility of the importer and that you agree to our terms and conditions for doing business with Martin E. Button, Inc./Cosdel International Transportation. Those terms and conditions can be viewed on our website: www.cosdel.com or a copy can be requested.

NON-RESIDENT CORPORATE CERTIFICATION

I, _____, certify that I am the _____
of _____, organized under the laws of _____
_____ that _____,

who signed this power of attorney on behalf of the donor, is the _____ of said
corporation; and that said power of attorney was duly signed, and attested for and in behalf of said corporation by
authority of its governing body as the same appears in a resolution of the Board of Directors passed at a regular meeting
held on the _____ day of _____, now in my possession or custody. I further certify that the resolution is in
accordance with the articles of incorporation and bylaws of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said corporation, at the City of
_____ this _____ day of _____, 20__.

(Signature) _____ (Date) _____

CORPORATE CERTIFICATION

(To be made by an officer of other than the one who executes the power of attorney)

I, _____, certify that I am the _____
(Print Name) (State officer position)

Of _____, Organized under the laws of the State of _____
(Full name of company)

_____ That _____
(Name of officer signing power of attorney)

who signed this power of attorney on behalf of the donor, is the _____ of said
(Title of officer)

corporation; and that said power of attorney was duly signed, and attested for and in behalf of said corporation by
authority of its governing body as the same appears in a resolution of the Board of Directors passed at a regular meeting
held on the _____ day of _____, 20__, now in my possession or custody. I further certify that the resolution
is in accordance with the articles of incorporation and bylaws of said corporation and was executed in accordance with eh
laws of the State or Country of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said corporation, at the City of
_____ this _____ day of _____, 20__.

(Signature) _____ (Date) _____

CORPORATE CERTIFICATION

(For Corporation of which there is only one officer)

I, _____, certify that I am the sole officer of _____
(Print Name)

Of _____, Organized under the laws of the State of _____
(Full name of company)

_____ and that said power of attorney was duly signed, and attested for and in behalf of said corporation by authority of its governing body as the same appears in a resolution of the Board of Directors passed at a regular meeting held on the _____ day of _____, 20____, now in my possession or custody. I further certify that the resolution is in accordance with the articles of incorporation and bylaws of said corporation and was executed in accordance with the laws of the State or Country of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said corporation, at the City of _____ this _____ day of _____, 20____.

(Signature) _____ (Date) _____



MARTIN E. BUTTON, INC.
D.B.A.Cosdel International Transportation
55 New Montgomery Street, Suite 400
San Francisco, CA 94105
Phone:(415)777-2000 Fax:(415)543-5112

Instructions for filling out Power of Attorney - **CORPORATION**

PLEASE USE BLUE INK WHEN SIGNING OR IF FILLING IN FORM IN HANDWRITING!

1. Check the Corporation box in the upper right hand corner of the form.
2. Fill in the IRS (EIN) number in the upper left hand corner.
3. Indicate the company name on the 1st blank line.
4. Enter the state of incorporation on the blank line after "laws of the State of _____"
5. Enter the full address of business, including zip code, after "having an office and place of business at _____"
6. **Second Page:** Fill in **Corporate Officer's** name on line after "In Witness Whereof..."
7. The signature **OF CORPORATE OFFICER** goes on the signature line
8. On the next line enter the capacity (title) of the Corporate Officer
9. Date signed
10. Witness: Anybody in the corporation can sign on this line
11. The Corporate Certification must be completed and signed by another Corporate Officer to verify the identity of the Corporate Officer who is the signer.

-Once the form is completed, fax it to 415-543-5112 (form can also be scanned – enquire).
The original, blue-inked form should be returned immediately by traceable courier to our address above **in order to start the Customs process.**

The original signed document must be in our office for final release of goods.

If you have any questions, please contact us at 415-777-2000



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INSTRUCTIONS FOR FILLING OUT POWER OF ATTORNEY – INDIVIDUAL or SOLE PROPRIETORSHIP (DBA)

“USE BLUE INK ONLY!”

Page One

- Enter Social Security Number/IRS Number, upper left hand side
- Enter your date of birth as 00/00/0000 (month/date/year)
- Check Individual or Sole Proprietorship, upper right hand side
- Enter your full name on the first line
- Enter the name of your business where it says “doing business as _____”
- Fill in complete address, including zip code after “having a place of business at_____”

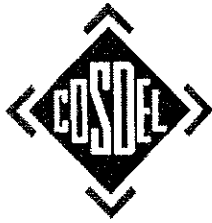
Page Two

- Enter your full name again on line after “In Witness Whereof...”
- Sign at signature line
- Indicate in Capacity line “Individual” or “Sole Proprietor” as appropriate
- Enter the date

Once you have completed this form, please fax it back to the undersigned’s attention at 415-543-5112. The form can also be e-mail scanned – enquire.

WE WILL NEED THIS FORM RETURNED TO US IMMEDIATELY. WE CANNOT FINALIZE CLEARANCE PROCEDURES WITHOUT THE COMPLETED FORM. THE ORIGINAL, BLUE-INKED FORM MUST BE KEPT ON FILE IN OUR OFFICE FOR U.S. CUSTOMS AUDIT PURPOSES, AND MUST BE RECEIVED PRIOR TO RELEASE OF GOODS.

Do not hesitate to contact us should you have questions or require additional information.



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INSTRUCTIONS FOR FILLING OUT POWER OF ATTORNEY - INDIVIDUAL

"USE BLUE INK ONLY!"

Page One

Check the box marked individual at the upper right hand side.

Enter your Social Security Number/IRS Number at the upper left hand side.
-If you are not a US citizen, use your passport number

Enter your date of birth in the following format: 00/00/0000 (month/date/year)

Enter your full name on the first line.

Fill in your complete address, including zip/postal code on line after "residing at _____"

Page Two

Enter your full name again on line after "In Witness Whereof..."

Sign at signature line.

Indicate in capacity line "Individual".

Have someone sign as witness on witness line.

Enter the date signed.

Once you have completed this form, please fax it back to the undersigned's attention at 415-543-5112. The form can also be e-mail scanned – enquire.

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INSTRUCTIONS FOR FILLING OUT POWER OF ATTORNEY – PARTNERSHIP

“USE BLUE INK ONLY!”

Page One

Enter your company's IRS/EIN NUMBER at the upper left hand side (in line after IRS#)
(If you are using an individual social security number you must also provide the date of birth of that individual.)

Enter an Individual's name on the top line who is a partner of the company.

Put the name of your company on the line after “doing business as...”

Fill in complete address, including zip code on line after “place of business...”

Page Two

Enter the name of one of the partners after “the said...”

Sign at signature line

Indicate “Partner” in the capacity line

Enter the date signed

Have someone else in the company sign as witness to your signature

Once you have completed this form, please fax it back to the undersigned's attention at 415-543-5112. The form can also be e-mail scanned – enquire.

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Do not hesitate to contact us should you have questions or require additional information.