

EXPORTER / U.S. PRINCIPAL PARTY IN INTEREST POWER OF ATTORNEY

Exporter Identification Number (EIN): _____

Know all men by these presents that _____, the U.S. Principal Party-in-Interest (“USPPI”), organized and doing business under the laws of the United States in the State of _____ and having an office and place of business at _____,

hereby authorizes Wisdom Customs Brokerage, LLC and its affiliates (“Authorized Agent”), its successors or assigns, to act for and on its behalf as a true and lawful agent and attorney 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. Bureau of the Census reporting, and U.S. customs purposes, and to make, endorse, sign or file Electronic Export Information (“EEI”) through the Automated Export System (“AES”) or to perform any act which may be required by law in connection with the exportation or transportation of any merchandise shipped or consigned by or to the USPPI and to receive or ship any merchandise on behalf of the USPPI.

The USPPI hereby certifies that all statements and information contained in the documentation provided to the Authorized Agent relating to the exportation or transportation are true and correct. Furthermore, the USPPI acknowledges that it is responsible for determining export licensing requirements and obtaining licensing authority. 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.

The USPPI hereby grants Authorized Agent authorization to share information generally considered confidential under 19 CFR 111.24 or any applicable laws, rules and regulations of countries other than the United States that govern the confidentiality of customs brokerage data, including but not limited to information concerning points of contact, addresses and telephone numbers, revenue and customs entry data, with Authorized Agent’s authorized service providers incidental to their services.

This power of attorney is to remain in full force and effect until the date revocation in writing is duly given by the USPPI and received by Authorized Agent.

IN WITNESS WHEREOF, the USPPI caused these presents to be sealed and signed:

Signature: _____

(By signing, the signatory attests that he or she has authority to sign on behalf of the USPPI.)

Capacity: _____

(President, Vice President, Treasurer, Corporate Secretary, CEO, CFO, CIO, or COO)

Date: _____

Witness: _____