

# ΠΟΣΕΙΔΩΝ

---

## POWER OF ATTORNEY INSTRUCTION SHEET

### RESIDENT

#### IF INDIVIDUAL OR PARTNERSHIP:

- (1) FULL NAME OF INDIVIDUAL OR, IF PARTNERSHIP, FULL NAMES OF ALL PARTNERS
- (2) N/A
- (3) DESIGNATE WHETHER AN INDIVIDUAL OR PARTNERSHIP
- (4) NAME UNDER WHICH BUSINESS IS BEING CONDUCTED
- (5) RESIDENTIAL ADDRESS OF PERSON SIGNING ON LINE (8)
- (6) COMPLETE BUSINESS ADDRESS
- (7) NAME WHICH APPEARS ON LINE (4) IF DIFFERENT THAN (1)
- (8) SIGNATURE OF INDIVIDUAL OR ONE PARTNER, ALSO TYPE NAME NEXT TO SIGNATURE
- (9) CAPACITY OF SIGNOR
- (10) DATE SIGNED
- (11) SIGNATURE OF WITNESS
- (12) SIGNATURE OF SECOND WITNESS
- (13) N/A

#### IF A CORPORATION:

- (1) FULL NAME AS IT APPEARS ON CORPORATE RECORDS
- (2) STATE OF INCORPORATION
- (3) N/A
- (4) NAME UNDER WHICH BUSINESS IS CONDUCTED IF OTHER THAN (1)
- (5) N/A
- (6) COMPLETE CORPORATE HEADQUARTERS' ADDRESS
- (7) NAME WHICH APPEARS ON LINE (4) IF DIFFERENT THAN (1)
- (8) SIGNATURE OF CORPORATE OFFICER, ALSO TYPE NAME NEXT SIGNATURE
- (9) TITLE OF PERSON SIGNING ON LINE (8)
- (10) DATE SIGNED
- (11) SIGNATURE WITNESS
- (12) SIGNATURE OF SECOND WITNESS
- (13) AFFIX CORPORATE SEAL; IF THERE IS NO SEAL, WRITE 'NO CORPORATE SEAL' ON LINE (13) DO NOT AFFIX SEAL UNLESS REQUIRED BY YOUR LOCAL STATE AUTHORITIES

NOTE: THIS POWER OF ATTORNEY MUST BE FULLY COMPLETED PER THE INSTRUCTIONS BEFORE WE CAN TRANSACT CUSTOMS BUSINESS ON YOUR BEHALF. PLEASE READ THESE INSTRUCTIONS CAREFULLY TO INSURE PROPER COMPLETION OF THIS FORM.

**POSEIDON FORWARDING COMPANY, INC.**

/ 770.971.3125 / Fax: 770.971.5519

FMC 3197R / CHB 12828