

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

| Know all men by these presents, that   |   | , the USPPI  |
|--|---|--|
| organized and doing business under the laws of   |   |  |
| and having an office and place of business at  |   |  |
|  | (Address of USPPI)  |  |
| with TAX-ID#:hereby authorizes_  |   | _(Authorized Agent)  |
| 2  | (Name of Authorized Agent)  |  |
| of 14213 Transportation A  |   |  |
| (Address of Author   | ē ,   |  |
| to act for and on its behalf as true and lawful a Interest (USPPI) for, and in the name, place, United States either in writing, electronically, o agent for export control, U.S. Census Bureau (Border Protection (CBP) purposes. Also, to Information (EEI) or other documents or record the Bureau of Industry and Security, or any o other act that may be required by law or re transportation of any goods shopped or consign goods on behalf of the USPPI.  | and stead of the USPPI, fr<br>r by other authorized means<br>Census Bureau) reporting, ar<br>prepare and transmit any<br>s required to be filed by the<br>ther U.S. Government agen-<br>gulation in connection with | om this date, in the to: act as authorized and U.S. Customs and y Electronic Export Census Bureau, CBP, cy, and perform any a the exportation or |
| The USPPI hereby certifies that all statements provided to the authorized agent and relat Furthermore, the USPPI understands that cive making false or fraudulent statements or for regulations on exportation.  This power of attorney is to remain in full for given by the U.S. Principal Party in Interest and   | ing to exportation will be il and criminal penalties nor the violation of any Un created and effect until revocation  | e true and correct.  nay be imposed for  ited States laws or  on in writing is duly  |
|  |   |  |
| IN WITNESS WHEREOF,(Full Name of U   | CARRIA (ARRIA C   | _ caused these   |
| (Full Name of U  | SPPI/USPPI Company)   |  |
| presents to be sealed and signed:  |   |  |
| Witness: Signature Signatu | gnature:  |  |
|  | apacity:  |  |
|  | ate:  |  |
|  | ODTATION ALTE   | -  |

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