



Port Air Cargo International Corp. / Port Forwarding, Inc.

Limited Export Power of Attorney

Exporter Identification Number: _____
(If no EIN # then IRS #, FED ID # or Social Security #)

Know All Men By These Presents:

That _____ the USPPI
(Full name of U.S. Principal Party in Interest (USPPI))

organized and doing business under the laws of the State or Country of _____ and having an office and place of
business at _____
(Complete Address of USPPI)

hereby authorizes and appoints **Port Air Cargo International Corp. / Port Forwarding, Inc.** to act for and on its behalf as a true and lawful agent and attorney of the 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 reporting and Customs and Border Protection purposes. Also, to prepare and transmit any Electronic Export Information (EEI) or other documents or records to be filed by the Census Bureau, Customs and Border Protection, the Bureau of Industry and Security or any other U.S. Government agency, and proforma 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 the _____ day of _____ 20____.
(If left blank, then to be valid until otherwise revoked in writing)

In Witness Whereof, _____
(Full Name of USPPI / USPPI Company)

caused these presents to be sealed and signed:

Signature: _____
Capacity: _____
Date: _____

Witness: _____
Capacity: _____
Date: _____