

IMPORTER SECURITY FILING POWER OF ATTORNEY

Check Appropriate: Individual Partnership Corporation Sole Proprietorship Limited Liability Company

Federal ID or SS# _____

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

doing business as a _____ under the laws of the State of _____

and County of _____, and residing, or having an office and place of business at _____

hereby constitutes and appoints

Logistics Cargo Concept Inc.

its officers, employees and/or specifically authorized agents, to act for and on its behalf

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 in all Customs Districts and in no other name, to transmit the required Importer Security Filing ("ISF") data elements to CBP through an approved Automated Manifest Electronic Data System ("AMS"). We further authorize grantee to update all filings, as necessary.

Grantor hereby agrees that it shall be solely responsible for the accurate and complete delivery of data to grantee sufficiently in advance of the time of filing and that grantor shall bear primary responsibility for the accuracy of all ISF data. Grantee may, in its sole discretion, refuse to transmit ISF data received untimely from grantor. Grantor hereby indemnifies and holds grantee harmless from any and all penalty or liquidated damage claims relating to the ISF data.

Grantor acknowledges that all acts undertaken or services provided by grantee on behalf of grantor or in furtherance of grantor's business, shall be governed by grantee's terms and conditions, a copy of the terms initially in effect on the date that this power is granted is hereby acknowledged and the terms of which are incorporated herein by reference and which terms may be subsequently modified by inclusion with or on grantee's invoices to grantor, or upon other written notice.

Grantor agrees that a photocopy, electronic copy or facsimile of a duly executed original of this power of attorney shall have the same force and effect as such original, and that any person receiving such a photocopy, electronic copy or facsimile may act hereunder as if such person had received the original.

If the grantor is a Limited Liability Company, the signatory certifies that he/she has full authority to execute this power of attorney on behalf of the grantor.

IN WITNESS WHEREOF, the said (Print Name) _____

has caused these presents to be sealed and signed: (Signature) _____

(Capacity/Title) _____ Date: _____

Witness: _____

INDIVIDUAL OR PARTNERSHIP CERTIFICATION *(Optional)

CITY _____ COUNTY _____ STATE _____

On this _____ day of _____, 20_____, personally appeared before me _____ residing at _____

personally known or sufficiently identified to me, who certifies that he/she/they is/are the individual(s) who executed the foregoing instrument and acknowledge it to be free act and deed.

(Notary Public) _____

CORPORATE CERTIFICATION *(Non-Resident Corporations)

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

I, _____, certify that I am the _____

of _____, organized under the laws of the State of _____

that _____ who signed this power of attorney on behalf of the grantor, 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 and was executed in accordance with the laws of the State or County 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)