



FORWARDING SERVICES INTERNATIONAL, INC.

2725 WATER RIDGE PARKWAY, SUITE 100
CHARLOTTE, NORTH CAROLINA 28217 U.S.A.

INSTRUCTIONS FOR COMPLETING THE EXPORT POWER OF ATTORNEY FORM

In the top left-hand corner, please provide the Company's IRS or Customs Assigned Number.

(If the Company does not have an IRS or Customs Number, please provide the signor's Social Security Number.)

In the top right-hand corner, please check the appropriate box for the Company's business entity type.

IF AN INDIVIDUAL OR PARTNERSHIP:

(1) Full name of individual, or if a partnership, full name of all partners. (You may attach addendum.)

If a limited partnership, the firm name and names of all general partners. (You may attach addendum.)

(2) Business entity type.

If a limited partnership, U.S. Customs regulations require that a copy of the partnership agreement accompany this Power of Attorney.

(3) State where licensed.

(4) Complete business address.

(5) Name which appears on Line (1).

(6) Signature of individual or one general partner; also type/print name next to signature.

(7) Capacity of signor (individual, general partner).

(8) Date signed.

(9) Signature of witness.

INDIVIDUAL OR PARTNERSHIP SECTION MUST BE NOTARIZED IF THE POWER OF ATTORNEY IS FOR EXPORT.

IF A CORPORATION:

(1) Full name as it appears on corporate records.

(2) Business entity type.

(3) State of incorporation.

(4) Complete corporate head quarter's address.

(5) Name which appears on Line (1).

(6) Signature of corporate officer; also type/print name next to signature.

(7) Title of person signing on Line (6).

(8) Date signed.

(9) Signature of witness.

TREASURY REGULATIONS REQUIRE THAT CORPORATIONS MUST COMPLETE THE CORPORATE CERTIFICATION TO AUTHENTICATE THE POWER OF ATTORNEY.

(10) The name of officer completing certification, other than the one who signed on Line (8).

(11) Title of the person on Line (10).

(12) Name of Corporation appearing on Line (1).

(13) State of incorporation appearing on Line (2).

(14) Name of person who signed on Line (8).

(15) Title of person who signed on Line (8).

(16) Approval date of the power of attorney.

(17) Approval month of the power of attorney.

(18) Affix corporate seal; if there is no seal, write "No Corporate Seal" in space provided.

(19) City name where seal is held.

(20) Date seal affixed.

(21) Month seal affixed.

(22) Year seal affixed.

(23) Signature of person on Line (10).

(24) Date signed.

PLEASE FAX A COMPLETED COPY OF THE POWER OF ATTORNEY AND MAIL THE ORIGINAL TO FSI.