## Summer Bee Customs Brokerage CUSTOMS POWER OF ATTORNEY

and

Acknowledgment of Terms and Conditions of Service

				Check appropriate box:	
Federal Tax				Individual	
I.D. / SSN# Passport #				Partnership/ LLP	
Customer			П	Corporation	
Code				Sole Proprietorship	
KNOW ALL MEN BY THESE PRESENTS Full legal name of individual, partnership nar proprietorship name. corporation name. or L	me and all partners names. L LC name)			Limited Liability Companydoing iability partnership name. sole	
business as a (2)(Individual, partnershi	in composition calc propriet	unc	ler the laws of the State of (	3)	
column of maxing a principal place of busines	55 at (4),		ficient constitutes and		
Appoints <u>Summer Bee Customs Brokerage, v</u>	which may act through any of	its licensed officers, employees and	or specifically authorized a	gents to act for on its behalf	
(Grantee's Name) As a true and lawful agent and attorney of the	Grantor named above for ar	nd in the name, place, and stead of sa	aid of said Grantor from thi	s date and in the United States	
(the "territory") either in writing, electronically	y, or by other authorized mea	ans, to:			
Make, endorse, sign, declare, or swear to any in connection with the importation, transporta Perform any act or condition which may be re Make endorsements on bills of lading conferr certificate required by law or regulation for dr	ation, or exportation, of any required by law or regulation i	merchandise in or through the Custon n connection with such merchandise	ms territory, shipped or con to receive any merchandis	nsigned by or to said Grantor. se deliverable to said Grantor,	
Sign, seal and deliver for and as the act of saic merchandise exported with or without benefit conveyance owned or operated by said Grant owner's declarations provided for in section 4	t of drawback, or in connection, and any and all bonds wh	on with the entry, clearance, lading, u ich may be voluntarily given and acc	ınlading or navigation of an epted under applicable law	y vessel or other means of s and regulations, consignee's and	
Sign, and swear to any document and to perforo or operation of any vessel or other means of c			n in connection with the ent	ering, clearing, lading, unlading,	
Authorize other Customs Brokers duly license Grantor's name drawn on the Treasurer of the Grantor, if the Grantor is a nonresident of the And generally to transact Customs business, in which said Grantor is or may be concerned Giving to said agent and attorney full power as present and acting, hereby ratifying and confir This power of attorney to remain in full force is a partnership, the said power shall in no cast Grantor waives the confidentiality requirement Broker transmit a copy of its bill for service didocuments and related documents (CBP-750) this agreement or any other agreement forbid: Grantor acknowledges receipt of Summer Bet If the Grantor is a Limited Liability Company	the United States; accept and/ofe United States, to a accept see including filing of claims or pill or interested and which may not authority to do anything writing all that the said agent at and effect until notice of revise have any force or effect in ints of section 111.24 of the Circetly to the importer, and at 1 or other documents used to so or prevents direct communities Customs Brokerage, Inc. T	or endorse (for deposit only) any Govervice of process on behalf of the Gravice of process on behalf of the Taria properly be transacted or performe thatever requisite and necessary to be and attorney shall lawfully do by virtu ocation in writing is duly given to anothe United States after the expiration ustoms Regulations and the requirer utthorizes the Customs Broker to transport of the commencial invoices, of ication between the importer or other cerms and Conditions of Service governers.	vernment draft, check or wantor;  If Act of 1930, or pursuant and by an agent and attorney;  e done in the premises as full received by grantee (if the a 2 years from the date of its ment of 111.36 of the Custonsmit its bill for services and etc.) through Grantor's forwer party in interest and the Gerning all transactions between	trant drawn to the order of said to other laws of the territories, ally as said Grantor could do if donor of this power of attorney is execution); ms Regulations that the Customs d copies of the Customs entry arder, if applicable, No part of Customs Broker. een the Parties.	
IN WINESS WHEREOF, the said (5)(Name		ist all partners) Corporation Limited	Liability Company, Solo Pr		
	-	iscan paraiers) Corporation Limited	Emonity Company, 30te 11	оргион,	
has caused these presents to be sealed and si	igned: (6)(Signature)		(Type or print name of	f party signing Power of Attorney	
(8) Capacity (Please check appropriate box)  President	☐ Secretary	☐ Chief Executive Officer	Chief Operatin		
☐ Vice President	☐ Treasurer	Chief Financial Officer	-		
		gnates the company as a manager-ma	anaged company)		
		gnates the company as a member-ma			
(9) Date	or organization of the design	Since the company as a member-ma	amped company)		
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If you are the importer of record, payment to the broker will not relieve you of liability for customs charges (duties, taxes or other debts owed Customs) in the event the charges are not paid by the broker. Therefore, if you pay by check, Customs charges may be paid with a separate check payable to the "U.S. Customs & Border Protection" which shall be delivered to Customs by the broker. Importers who wish to utilize this procedure must contact our in advance to arrange timely receipt of duty checks. Please note that customers also can send duty check to CBP directly.

## CERTIFICATION BY NONRESIDENT CORPORATION

I, (10)			certify that I am the (11)	
	(Nama)		(Title)	
of (12)	organized under the laws of the Province or State of			
	(Name of Corpora			
the (14)			, who signed the Power of Attorney on behalf of the nonresident corporation, is	
	(Name of signer of Powe			
the (15)		of s	said corporation, and that the signer was given the authority to sign Powers of Attorney on behalf of the	
	(Title)			
In witness whereof,	I have hereunto set my han	d at the city of $(16)_{}$		
(17)	(18)			
(Date)		(Signature)		
		INDIVIDUA	L OR PARTNERSHIP CERTIFICATION	
CITY				
COUNTY		SS		
STATE				
0.4:	1 C	00	11 C	
On this,	day of	, 20 _	, personally appeared before me	
residing at			, personally know or sufficiently identified to me, who	
certifies that			(is) (are) the individual(s) who executed the foregoing instrument and acknowledge	
it to be free act an	nd deed.			

## Power of Attorney Instructions:

- 1) Fill full legal name of individual, partnership, corporation, limited liability company, or sole proprietor, Name must be complete and abbreviations avoided. If a fictitious business or trade name is used to transact business (e.g., "d/b/a" name) that name should also appear in this section. The principal must be authorized under State law to use such fictitious name. (Note: In the case of a partnership, please identify the full name of each of the partners). 2) Fill one of the following choices: individual; Partnership; Corporation; Sole Proprietorship; Limited Liability Partnership; Limited liability Company;
- 3) Show the State in which the principal received authority to conduct business. If a corporation, insert the State of incorporation, If a foreign entity, list the country and province in which it is doing business.
- 4) Official address of business. If for an individual who works at home, that is the address to be shown.
- 5) Name of individual, partnership, corporation, limited liability company, or sole proprietor
- 6) Signature
  - If corporation, must be signed by President, Vice President, Secretary, Treasurer, Chief Executive Officer, Chief Financial Officer or Chief Operation Officer. Any other person signing for corporation **MUST** be authorized by resolution of the Board of Directors (please provide a copy the corporate resolution)
  - If Limited Liability Company ("LLC"), the articles of organization must contain either of the following statements:

    (a) Management of the LLC is vested in a manager or managers;

    (b) Management of the LLC is reserved to the members.

If management of the LLC is vested in a manager or managers, a manager's signature is required. If management of the LLC is reserved to the Members, a member's signature is required.

- If partnership, any one of the general partners may sign the power of attorney in the name of the partnership
- 7) Type or print name of party signing power of attorney
- 8) Title of party signing power of attorney
  - If corporation, title of signatory must be the President, Vice President, Secretary, Treasurer, Chief Executive Officer, Chief Financial Officer or Chief Operating Officer. Other person signing for corporation MUST be authorized by resolution of the Board of Directors (please provide a copy of the corporate resolution).
  - If Limited Liability Company, title of signatory must be an authorized manager or member in accordance with the Articles of Organization.
- 9) Date executed

## Non-resident certification:

- 10) The full name of another corporate officer (other than the officer who signed to power of attorney) who certifies that the granting officer has the authority to execute power of attorney on behalf of the nonresident corporation. The certification is valid only if signed by a qualified corporate officer other than the officer who signed the power of attorney. If only one signing authority exists, note "sole signing officer" next to above signature
- 11) Title (President, Vice President, Secretary, Treasurer, Chief Executive Officer, Chief Financial Officer or Chief Operating Officer; or an title from Corporate list)
- 12) Name of corporation
- 13) Province, State of that country
- 14) Name of signer who executed the power of attorney form
- 15) Title of signer of power of attorney form
- 16) City in which corporation is located
- 17) Date certification was executed
- 18) Signature

Individual or Partnership Certification: CBP requires verification of the POA grantor's identity and legal authority (position in a company or partnership) to enter into a POA. Notary Public is recommended. Otherwise, at a minimum, please provide a copy of your photo ID and copy of your social security card (kept confidential)