

POWER OF ATTORNEY

INSTRUCTIONS: 1) Provide ALL information and check the applicable boxes. 2) Form must be signed by the Owner, a Partner in a Partnership or Limited Liability Partnership; a Corporate Officer, a Manager or Member of a Limited Liability Company (LLC) **and** the Power of Attorney. 3) The motor carrier business location address is required.

ATTORNEY-SEPARCE BUSINESS NAME	carrier basiness resalier address is required.								
CITY STATE 2P	MOTOR CARRIER NAME			ATTORNEY-IN-FACT BUSINESS NAME					
CITY STATE 2P									
SIGNATURE OF ATTORNEY-IN-FACT BINDING THIS AGREEMENT SIGNATURE OF ATTORNEY-IN-FACT BINDING THIS AGREEMENT	CCD ACCOUNT NUMBER			MAILING ADDRESS					
SIGNATURE OF ATTORNEY-IN-FACT BINDING THIS AGREEMENT SIGNATURE OF ATTORNEY-IN-FACT BINDING THIS AGREEMENT	LOCATION ADDRESS			CITY			STATE	7IP	
SIGNATURE OF MOTOR CARRIER BINDING THIS AGREEMENT PRINTED NAME OF SIGNATURE ABOVE TITLE	LOCATION ADDRESS			CITT			SIAIE	ZIF	
SIGNATURE OF MOTOR CARRIER BINDING THIS AGREEMENT PRINTED NAME OF SIGNATURE ABOVE TITLE	CITY	STATE	ZIP	SIGNAT	URE OF	ATTORNEY-IN-FACT BINDING THIS AG	REEMENT		
TITLE Owner Partner of Partnership or LLP									
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FORM 735-9654 (6-24)