

POWER OF ATTORNEY

INSTRUCTIONS: 1) PROVIDE ALL INFORMATION AND CHECK APPLICABLE BOXES. 2) FORM **MUST** BE SIGNED BY THE OWNER, PARTNER, OR CORPORATE OFFICER.

KNOW ALL MEN BY THESE PRESENT THAT _____
(Complete Carrier Name)

AS: INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION, OR: _____
(Please fill in)

office at _____
(Carrier Address)

does hereby designate and appoint TRUCKING START-UP SERVICES, LLC
(Power of Attorney Name)

with offices at _____
(Power of Attorney Address) _____
(Power of Attorney Telephone)

to act as Attorney-in-Fact for the following limited and special purposes (check applicable provisions):

- To obtain, complete, and submit application and fees for permit authority
- To obtain, complete, and submit applications for highway use tax passes/markers/plates (original and renewals)
- To prepare, sign, and submit documents and checks that may be necessary for filing IFTA & Mileage tax reports
- To prepare, sign, and submit documents for Proration
- Registration of vehicles
- To hold, confer, and resolve all audits requested by any jurisdictions
- To confer and resolve any assessment, claim or collection of a deficiency or other tax or fee matter pending with any agency and attend any meetings or hearings thereto.
- Other acts (specify): _____

This Power of Attorney will be in effect beginning _____ and continue until canceled in writing.

CARRIER BUSINESS NAME		ATTORNEY-IN-FACT BUSINESS NAME	
SIGNATURE (MUST BE CARRIER)		SIGNATURE	
PRINTED NAME OF SIGNATURE ABOVE		PRINTED NAME OF SIGNATURE ABOVE	
TITLE OF GRANTOR		TITLE OF ATTORNEY-IN-FACT	
DATE	TELEPHONE NUMBER	DATE	TELEPHONE

Additional appointee's of Attorney-in-Fact

SIGNATURE OF APPOINTEE		SIGNATURE OF APPOINTEE	
PRINTED NAME OF APPOINTEE ABOVE		PRINTED NAME OF APPOINTEE ABOVE	
MAILING ADDRESS OF ATTORNEY-IN-FACT IF DIFFERENT FROM ABOVE			