

POWER OF ATTORNEY

I, _____, the undersigned, do hereby grant to
_____, of _____ located at
_____, as my attorney-in-fact, to receive on my
behalf information from Direct Shippers and Property Brokers, and to sign freight rate
confirmations on my behalf pertaining to such information:

This power of attorney will expire in twelve months from the date signed.

_____ Signature of Motor Carrier
_____ Address of Motor Carrier

_____ MC# of Motor Carrier

The affiant being duly sworn affirms and says that he or she is the signer(s) of the foregoing
power of attorney, and that he or she has read the foregoing power of attorney and understands
its contents. Motor Carrier Name: _____

Authorized Party: _____

Signature: _____

Date: ____ / ____ / ____