

INSTRUCTIONS FOR COMPLETING OUR POWER OF ATTORNEY

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1. Business Type

Indicate (check one) if Individual, Partnership, Corporation, Sole Proprietorship or Limited Liability Company

2. Principal's Name

Please indicate full name of Individual, Partnership, Corporation, Sole Proprietorship or Limited Liability Company

3. Business Type

Indicate (check one) if Individual, Partnership, Corporation, Sole Proprietorship or Limited Liability Company

4. IRS, Social Security or Customs Assigned Number (if known): Please supply your company IRS# if it is a corporation. Supply your SS# if you are doing business as an individual. If you are a foreign importer, please supply your Customs Assigned number (if you have one).

5. State of Incorporation

6. Principal's Business Address

7. Grantor's Name

Full Corporate Name or Individual Name for Sole Proprietor

8. Signature

Printed name and signature of Corporate Officer (President, Vice President, Secretary or Treasurer) or someone who is duly authorized by the corporation through resolution of the Board of Directors to sign on behalf of the corporation; Signature or Individual; Signature of one partner; Signature of the person who has the full authority to execute the power on behalf of the LLC

9. Signors Capacity

10. Date

11. Witness

Printed Name and signature of individual signing the Power of Attorney

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12. Individual or Partnership Certification

This section to be completed by a Notary Public

13. Corporate Certification

To be completed and signed by an officer other than the one who has executed the Power of Attorney

A faxed copy of the Power of Attorney will be accepted for a 1 week period. The original must be sent to: Seafrigo USA, Inc., 735 Dowd Avenue, Elizabeth NJ 07201

