



**DESIGNATION AS IMPORTER SECURITY FILING AGENT
POWER OF ATTORNEY
and
Acknowledgement of Terms and Conditions**

(Revised 02/17)

☐ Appropriate box: ☐ Individual ☐ Partnership ☐ Corporation
..... ☐ Sole Proprietorship ☐ Limited Liability Company

KNOW ALL MEN BY THESE PRESENTS:

That, _____ doing
(Full name of Individual, Partnership, Corporation, Sole Proprietorship, or Limited Liability Company) (Identity)

business as _____ under the laws of the State of

(Individual, Partnership, Corporation, Sole Proprietorship, or Limited Liability Company) (Insert One)

residing or having a principal place of business

at _____, hereby constitutes and

appoints Intermountain CHB, Inc., its officers, employees, and/or specifically authorized
agents, to act for

(Grantee's Name)

and on its behalf as a true and lawful agent and attorney of the grantor for and in the name, place and stead of said
grantor, from this date, in the United States (the "territory") either in writing, electronically, or by other authorized
means, to:

Make, prepare, declare, transmit or file data relating to the Importer Security Filing for merchandise destined for
transport to or through the United States as required by law or regulation which is shipped by or consigned to said
grantor;

Sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection
with the transmission or filing of the Import Security Filing;

This power of attorney to remain full force and effect until revocation in writing is duly given to and received by
grantee;

Grantor acknowledges receipt of Intermountain CHB, Inc. Terms and Conditions of Service governing
all transactions between the Parties.

(Grantee's Name)

If the Grantor is a Limited Liability Company, the signatory certifies that 'he/she has full authority to execute this
power on behalf of-the Grantor.

IN WITNESS WHEREOF, the said

(Full name of company)

caused these presents to be sealed and signed:

(Signature) _____ (Capacity) _____

Date: _____

Witness:(if required) _____

INDIVIDUAL OR PARTNERSHIP CERTIFICATION

CITY _____

COUNTY _____ SS

STATE _____

On this _____ day of _____, 20____, personally appeared before me .

residing at _____, personally known 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 and deed.

Notary Public).

CORPORATE CERTIFICATION

(To be made by an officer of other than the one who executes the power of attorney)

I, _____, certify that I am the _____ of
_____, organized under the laws of the State of _____that
_____, who signed this power of attorney on behalf of the donor, is-
the _____

_____of said corporation; and that said power of attorney was duly signed, and attested for and in behalf of
said

corporation by authority of its governing body as the same appears in a resolution of the Board of Directors passed at a regular meeting held on
the _____day of _____, 20____, now in my possession or custody. I further certify that the resolution is in accordance with
the

articles of incorporation and bylaws of said corporation and was executed in accordance with the laws of the State or Country of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal' of said corporation, at the City
of _____

this ____day of _____, 20____.

(Signature)

(date)