

## **Limited Power of Attorney**

BE IT ACKNOWLEDGED that I, \_\_\_\_\_\_ (Carrier/Carrier Company), the

<u>"Principal"</u> , do hereby grant a <u>limited and specific power of attorney</u> to <u>Lethal Transport</u> of as
my <u>"Attorney-in-Fact"</u> .
Said <u>Attorney-in-Fact</u> shall have <u>limited power and authority</u> to undertake and perform only the following acts on my behalf:
1. Complete any and all Broker/Carrier Agreement(s) for any and all brokerage(s) that carrier
is onboarding
2. Complete any and all Rate Confirmations, which officially booking loads
The authority herein shall include such incidental acts as are reasonably required to carry out
and perform the specific authorities granted herein. My <u>Attorney-in-Fact</u> agrees to accept this
appointment subject to its terms, and agrees to act and perform in said fiduciary capacity
consistent with my best interest, as my <u>Attorney-in-Fact</u> in its discretion deems advisable. This
limited power of attorney is effective upon execution.
This limited power of attorney may be revoked by any of the following:
( <u>Initial and Check the Box if Applicable</u> )
- By the Principal at any time by authorizing a Revocation.

This limited power of attorney form shall automatically be revoked upon my death or

notice of revocation.

incapacitation, provided any person relying on this limited power of attorney shall have full rights to accept and reply upon the authority of my <a href="Attorney-in-Fact">Attorney-in-Fact</a> until in receipt of actual

State Law. This <u>Limited Power of At</u>	torney is governed	by the laws	of the State of
	Signed this		
	day of		_, 20
	( <u>Principal's</u> Sign	ature)	
	(Principa	al's Print Na	 ame)
ACCEPTAI	NCE OF APF	POINT	MENT .
, <u>LETHAL TRANSPORT</u> , the <u>attorney</u> <u>attorney-in-fact</u> in accordance with t		•	eccept appointment as
Attorney-in-Fact's Signature	Tony Chinchilla		
Attorney-in-Fact's Printed Name	Tony Chinchilla		
	<u>WITNESS</u>	<u> </u>	
, the witness, do hereby declare in t	he presence of the p	orincipal tha	at the principal signed and
xecuted this instrument as his Limit			
willingly, that I hereby sign this <u>Limit</u> principal and in his presence, and tha			·
ears of age or over, of sound mind,			
Witness	s Signature	Ad	<u>dress</u>

	Witness Print Name	City, State & Zip Code
	_	
<b>ACKNOWI</b>	LEDGMENT OF NOT	TARY PUBLIC
STATE OF		
	, County	

through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_, as <u>Principal</u> of this <u>Limited Power of Attorney</u> who proved to me

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_, before me appeared

## (Official Seal Here)

Notary	Pul	olic
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My commission expires: