



Limited Power of Attorney

BE IT ACKNOWLEDGED that I _____, the "Principal", do hereby grant a limited and specific power of attorney to **DHD logistics LLC** of 8212 Sheriff Rd, Hyattsville, MD 20785, (301) 938-2148 as my "Attorney-in-Fact". Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. **Complete Carrier Packets**
2. **Negotiates Rates with Broker or Direct Shippers**
3. **Complete Rate Confirmations**
4. **Contracting Dedicated Freight** (lanes) for the Carrier by contacting shippers on my behalf
5. **Additional Administrative Tasks**

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Attorney-in-Fact 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 Attorney-in-Fact in its discretion deems advisable. This power of attorney is effective upon execution.

This power of attorney may be revoked by any of the following:

(Initial and Check the Box if Applicable)

- _____ - By the Principal at any time by authorizing a Revocation.
_____ - When the above stated one (1) time power or responsibility has been completed.
_____ - On the _____ day of _____, 20_____.

This power of attorney form shall automatically be revoked upon my death or incapacitation, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my Attorney-in-Fact until receipt of actual notice of revocation. State Law.

This Power of Attorney is governed by the laws of the State _____.

Signed on _____ day of _____, 20_____.

Principal's Name _____

Principal's Signature _____

ACCEPTANCE OF APPOINTMENT

I, **DHD LOGISTICS LLC** , the attorney-in-fact named above, hereby accepts appointment as attorney-in-fact in accordance with the foregoing instrument.

Attorney-in-Fact Name: DHD LOGISTICS LLC

Signature Attorney-in-Fact's _____

WITNESS

I, _____ the witness, do hereby declare in the presence of the principal that the principal signed and executed this instrument as his Power of Attorney in my presence, that he signed it willingly, that I hereby sign this Power of Attorney as a witness at the request of the principal and in his presence, and that, to the best of my knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness Name _____

Witness Signature _____

Witness Address _____

Witness City, State & Zip Code _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _ _____ , County

On this _____ day of _____, 20_____, before me appeared

_____, as Principal of this Power of Attorney who proved to me 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.

(Official Seal Here)

Notary Public

My commission expires