

POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY LATER IF YOU WISH TO DO SO.

1 —→ I, MR ☐ MS ☐ NAME
2 —→ FAMILY NAME
3 —→ ADDRESS IN HOME COUNTRY

Appoint Carl Jacob, 2330 Marinship Way, Suite 250, Sausalito, CA 94965 as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE MARKED WITH A (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS. TO GRANT ONE OR MORE, BUT FEWER THAN ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

~~(A) Real Property Transactions.~~

~~(B) Tangible Personal Property Transactions.~~

~~(C) Stock and Bond Transactions.~~

~~(D) Commodity and Option Transactions.~~

4 —→ _____ (E) Banking and Other Financial Institution Transactions.

~~(F) Business Operating Transactions.~~

~~(H) Estate, Trust, and other Beneficiary Transactions.~~

~~(I) Claims and Litigation.~~

~~(J) Personal and Family Maintenance.~~

~~(K) Benefits from Social Security, Medicare, Medicaid, or Other Governmental Programs, or Civil or Military Service.~~

~~(L) Retirement Plan Transactions.~~

5 —→ _____ (M) Tax Matters.

~~(N) All of the Powers Listed Above.~~

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT:

The tax matters power granted above is extended to specifically include making, executing and filing federal (Form 1040NR) and state income tax returns for tax year 2012 on the principal's behalf and receiving checks drawn on the United States Treasury.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

~~This power of attorney will continue to be effective even though I become incapacitated.~~

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

6 —————> Signed this _____ day of _____, 20_____.

7 —————> _____ YOUR SIGNATURE

8 —————>

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 CCUSA or WEUSA ID NUMBER (INCLUDE ZEROS)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.