LIMITED POWER OF ATTORNEY FORM

***BE IT KNOWN*, that I, _____, authorized signatory for**
[*Your Name]*

_____ _____,
[Name Of Company]
having its corporate address at 704 N. King Street Suite 500 Wilmington, DE 19801 County of New Castle and residing at

_____

_____
***[address in country of domicile*]**
have made and appointed, and by these present do make and appoint Global Corporate Services, Inc. and/or Phyllis Jacobs , as its true and its lawful attorney in its name, place and stead, for the following specific and limited purposes only:

To contact certain financial institutions, including without limitation to facilitate the operation of

_____ _____
[name of company]
(business bank accounts as well as accounts of the company s agents or clients, address any inquires from the Bank, resolve any disputes, controversies and other operational and service-related issues, and to request confidential information and documents as necessary for accomplishing the preceding and generally act as a fiduciary on the behalf of the company for the limited purposes described heretofore giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This power of attorney expires one year from the date of our signature below or at such earlier time when revoked in writing by the company s authorized representative.

In Witness Whereof, I have hereunto signed my name this _____ day of _____

_____
[Individual Name]

_____
[Company Name]

_____
Authorized Signatory

STATE of _____}
COUNTY of _____}

Before me, personally appeared _____, personally who having been sworn to me according to law did depose and say that he is the individual described above and attesting to this corporate resolution and that the foregoing information is true, correct and complete to the best of his knowledge and belief.

I hereby certify that I am a Notary Public of the State/Country of _____

SWORN AND SUBSCRIBED this _____day of _____

(SEAL) **_____**
Notary Public

NOTARY STAMP