

# LIMITED POWER OF ATTORNEY

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, individually and on behalf of \_\_\_\_\_,  
(your personal name) (your company name, not carriers)

as Grantor, do hereby make, constitute and appoint Coast to Coast Services, LLC, of 10681 NW 107<sup>th</sup> St. Yukon, Oklahoma, 73099, as my true and lawful Attorney-in-Fact, to act in my name, place and stead, on my behalf for my use and benefit, the following specific acts:

- A. To represent and serve as a registered agent on matters pertaining to fuel licensing and reporting, and registration and reporting of vehicles;
- B. Filing US DOT applications, applying for operating authority, state authority, obtaining Unified Carrier Registration, KYU numbers, and New York Hut permits, New Mexico Tax ID#, Oregon permit;
- C. Filing 2290 forms and Federal ID#; Canadian authority, Non-bonded carrier code
- D. Processing vehicle titles and perfecting liens, LLC and Incorporations;
- E. All other activities attendant to the registered agent relationship in any state.

I further grant to my Attorney-in-Fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper, or necessary to be done in the exercise of any the rights and powers granted herein, as fully to all intents and purposes as I might, or could do if I were personally, with full power of substitution, revocation, ratification and confirming all that my Attorney-in-Fact or a substitute or substitutes shall lawfully do, or cause to be done, by virtue of this power of attorney and the rights and powers granted herein.

Grantor indemnifies and holds Attorney-in-Fact harmless from any liability or obligation related to the grantor's conduct of its business. The only responsibility of Attorney-in-Fact relates to the specific limited powers specified above.

My Attorney-in-Fact shall be compensated based upon the fee schedule provided to Grantor, and the Attorney-in-Fact, and all payments shall be made to Attorney-in-Fact in advance.

All actions taken by Attorney-in-Fact on behalf of the Grantor shall be based upon information provided by Grantor, and the Attorney-in-Fact is hereby indemnified and held harmless by Grantor as to Attorney-in-Fact's reliance on any information provided by Grantor.

This Power of Attorney shall continue in full force and effect until revoked by subsequent writing. Further, this Power of Attorney revokes all other Powers of Attorney executed by Grantor prior to the date of this Power of Attorney.

GRANTOR \_\_\_\_\_  
(your signature)

DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Authorized representative of  
Attorney-in-Fact:

- Randy Kingsbury
- Beth Kingsbury
- Liliana Ramos
- Holley Whitman
- Marsha Leeper

Before me, the undersigned, a Notary Public in and for said County and State, on this \_\_\_\_\_ day of the \_\_\_\_\_ month, of the year \_\_\_\_\_, personally appeared \_\_\_\_\_, individually, and on behalf of \_\_\_\_\_, to me known to be the identical person who executed the within and forgoing instrument and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free and voluntary act and deed for the uses and purposes therein set forth.

Witness my hand and seal the day and year last above written.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_