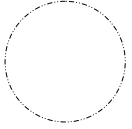




Date:

Power of Attorney

To: Japan Quality Assurance Organization

Applicant	
Company name	Sign or seal here 
Address	
Department, Job title	
Authorized Representative	

We, the Applicant, do hereby appoint the company specified below to act on our behalf and to handle the acts set forth below for the period specified below.

Authorized Agent	
Company name	
Address	
Department, Job title	
Authorized Representative	
TEL/FAX	TEL <input type="text"/> FAX <input type="text"/>

1. The agent above is authorized to act on our behalf to complete the following act(s):

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2. Period of authorization:

Until the entrusted acts are completed.

For the period specified below

From: until:

Until the agent is changed