



State of South Dakota
 Motor Vehicle Division
 445 E. Capitol Avenue
 Pierre, SD 57501
 605-773-3541 <http://dor.sd.gov>

Power of Attorney

A Complete this application to designate power of attorney only to make an application for title or to assign a certificate of title.
 Instruction

B Vehicle Boat
 Vehicle or Boat Information
 Year: _____ Make: _____ Model: _____
 VIN/HIN: _____ Title Number: _____

C Let it be known that the undersigned _____ of the city
 Person(s) Appointed of _____, South Dakota, does (do) hereby appoint the following true and lawful attorney(s) for the purpose listed below:

Appointed Name: Americas Mailbox Inc Address: 514 Americas Way
 City: Box Elder State: SD Zip Code: 57719

Appointed Name: Americas Vehicles Address: 514 Americas Way
 City: Box Elder State: SD Zip Code: 57719

D **The appointed attorney(s) may exercise the following designated powers. Check all that apply.**
 Attorney Powers

Group 1: To be used only if more than one person is named above.

Jointly (both people named must sign) Severally (either person named can sign)

Group 2: One or more selections must be made.

To apply for a certificate of title for the described vehicle/boat in the name of the undersigned.

To assign all rights, title, and interest in the described vehicle/boat on behalf of the undersigned.

E The undersigned does further authorize said attorney(s) to include in any application for title and/or the assignment, such statements and warranties as to mortgages, liens, and encumbrances upon the above described motor vehicle/boat as they, or either of them, may believe to be true in fact. The undersigned does hereby ratify and confirm each and every act which said attorneys or either of them may do pursuant to the power herein granted.
 Disclosure, Signature, and Notary

In witness whereof, the undersigned has executed this instrument on this _____ day of _____, 20_____.

Name: _____ Signature: _____

Name: _____ Signature: _____

Sworn to and witnessed by me this _____ day of _____, 20_____.

Notary Signature: _____

My commission expires the _____ day of _____, 20_____.