

POWER OF ATTORNEY

and fee arrangement by which I/we herewith grant to

Neumayer, Walter & Haslinger



*Rechtsanwälte-Partnerschaft
Lawyers Partnership
Balms Group International*

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MMag.Dr. Johannes Neumayer
Mag. Ulrich Walter
Mag.Dr. Wolfgang Haslinger, LL.M.

power of attorney and the authorization to represent me even after my death and my heirs in any and all matters, including tax matters, in and out of courts and any government, tax and any other agencies and authorities, also pursuant to Section 31 ZPO, Sections 39 seq. and 455 StPO, Section 77 GBG, Section 10 AVG, Section 21 PatG, Section 83 BAO and Section 8 RAO; to file lawsuits and to withdraw lawsuits; to accept service of any kind, particularly complaints, court judgments and decisions of land registers; to seek to act, and actually do act, as representative; to take and withdraw appeals of any kind; to file enforcement measures and temporary injunctions and to withdraw the same; to give formal declarations of entry, and deletion of entry, as well as declarations of priority and consent in the land register; to conclude settlements of any kind, to withdraw and receive money and money equivalent and to sign respective receipts; to sell, encumber or acquire, for consideration or not, movable and immovable property and rights; to apply for the clearing and refund of tax credits; to open and dispose of accounts and deposit-accounts for me with credit institutions; **request and obtain full information from credit institutions, whereby these credit institutions and their employees are released from data and banking secrecy and authorized to provide the information requested; to release from data and banking secrecy employees of credit institutions as witnesses; generally to release any person from professional secrecy owed to me and request and obtain the disclosure of any and all data, including automatically processed data, relating to me;** to execute credit and loan agreements; in inheritance proceedings, to conditionally or unconditionally accept or disclaim an inheritance, to give statements on assets and liabilities in the form of affidavits and to give any such statements in writing; to execute and amend partnership agreements and Articles of Incorporation; to call general and all other meetings of partners and shareholders and represent me in such meetings and exercise my voting rights; to execute and file applications to the commercial register; to agree on decisions by arbitration and to elect arbitrators; to file for bankruptcy and debt recomposition proceedings; to elect executors as well as representatives of creditors in bankruptcy or debt recomposition proceedings; to appoint trustees and substitutes with same or less powers and, generally, to take and provide for all actions which the attorney in fact may deem appropriate, expedient and necessary.

I agree to pay the fees of the attorney in fact and his substitutes computed in accordance with the **Autonomous Guidelines for Fees and Disbursements (AHK 2005) of the Austrian Assembly of Bar Associations (Österreichischer Rechtsanwaltskammertag)**, plus VAT and to pay the expenses of the attorney in fact and his substitutes. Fees and expenses may be invoiced quarterly. I herewith agree that the **liability of the attorney in fact and his substitutes for a single case of damage is limited to a total of EUR 580.000, in any case; moreover.** A single case of damage is the sum of all claims for damages of all claimants deriving from one and the same action or the sum of all claims asserted by the same claimant deriving from various actions which are legally or economically connected, or the sum of all claims deriving from a single damage deriving from various actions. This power of attorney shall be governed by and construed in accordance with Austrian law except for its conflict of laws rules insofar as these refer to a law other than Austrian law. Sole place of performance and exclusive jurisdiction shall be the first district of Vienna, Austria.

Place, date.....

Prenome:....., Name:....., born on:.....,

Adresse:....., Email:.....,

TELEFON-NR:.....Unterschrift(en):.....