



POWER OF ATTORNEY

The undersigned,

- Name of signer -

for

- Name and address of applicant -

wishing to obtain protection in Norway through patent for

International Patent application: **PCT/NO**

- Application title -

hereby authorize(s)

Fluges patent AS
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1629 FREDRIKSTAD
NORWAY

who is affiliated with the Association of Norwegian Patent Agents, to represent me/us in respect of an application for such a protection and of the protection obtained, respectively, and, on my/our behalf, to receive announcements and other procedural communications relating to the protection, all in accordance with existing law.

The Attorney is authorized to transfer this Power to another Attorney.

The Attorney is also authorized to withdraw the application, and to request restriction or cancellation of the protection, respectively.

The Power furthermore applies to divisional and separated applications and to the protection obtained on the basis of such applications.

Dato/Date:

Signature:

- Name of signer -