

POWER OF ATTORNEY

The undersigned, and its subsidiaries hereby duly appoint ADESA Inc, located at 13085 Hamilton Crossing Boulevard, Carmel, Indiana 46032, all of its U.S. subsidiaries ("ADESA"), through its authorized employees and agents, to act as our ATTORNEY-IN-FACT to sign all papers and documents that may be necessary pertaining to the sale and subsequent title transfer of the vehicles consigned by the undersigned to ADESA for its auction of the vehicles or pertaining to the purchase of vehicles by the undersigned, including without limitation, any title, title transfer document, reassignment of odometer disclosure statements as required by federal law.

In consideration of ADESA's agreement to execute such documents on behalf of the undersigned from time to time, the undersigned shall indemnify, defend, and hold harmless ADESA, its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from and against any and all loss, damages, liability, claims, cause of action, and expenses of whatever kind and nature, arising from the execution by ADESA or its employees or agents of any certificate of title, odometer statement, bill of sale, or other document necessary to transfer ownership of consigned vehicles. Notwithstanding the foregoing, nothing contained herein shall be construed to require the undersigned to indemnify ADESA, its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from any loss resulting from any gross negligence or willful misconduct of ADESA or its employees or agents.

This Power of Attorney shall be effective as of the date of signing hereof on behalf of the undersigned and continue until full force and effect until terminated by the undersigned in its sole discretion.

This Power of Attorney supersedes any previous authorization to act as agent and attorney-in-fact for the undersigned.

	Company Name		
	Auction ACCESS Number		
	By	/:	
		(Signature of Owner/Officer)	
	Pı	inted:	
		(Printed Name of Owner/Offic	cer)
	А	CKNOWLEDGMENT	
	er completing this certificate verifi of the truthfulness, accuracy, or va	es only the identity of the individual wholidity of that document.	o signed the document to which this
State of)		
Onbefore	re me,	tary officer)	personally
	(insert name and title of no	tary officer)	
appeared(inser	rt name and title of the owner/officer of	tary officer), who proved to me on the company)	the basis of satisfactory
	ed capacity(ies), and that by his/l		dged to me that he/she/they executed the the person(s), or the entity upon behalf of
I certify under PENALTY OI	F PERJURY under the laws of th	e State of that	at the foregoing paragraph is true and correct.
WITNESS my hand and offic	cial seal.		
Signature			
My Commission expires:			