

ALL POWERS OF ATTORNEY GRANTED HEREUNDER ARE EFFECTIVE IMMEDIATELY AND WILL NOT BE AFFECTED BY SUBSEQUENT DISABILITY, INCAPACITY, OR INCOMPETENCE OF THE PRINCIPAL. Death of the Principal will revoke these Powers of Attorney but will not affect any Powers of Attorney granted by any other joint Accountholder.

I am fully informed as to all the contents of this form and understand the full importance of this grant of powers to my Agent(s). I agree to Arbitration of any dispute related to opening or operating my brokerage or margin account in accordance with the agreements governing such accounts.

If I have granted my Agent the power to open or operate my account(s), then my Agent may sign U.S. Tax Forms, including but not limited to W-9 and W-8 series forms, required to open or operate my account(s).

I acknowledge my Agent may utilize any Web Site provided by J.P. Morgan (the "Site") via the Internet 24 hours a day, seven days a week to act in the manner I have authorized, provided the functionality is available via the Site. Site usage by any Agent is subject to the agreements and disclosures detailed on the Site.

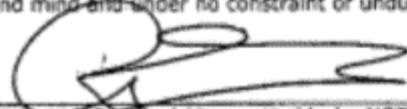
I further appoint, as my Agent, JPMorgan Chase & Co., a financial institution, and all of its affiliates, subsidiaries, securities brokerage business, successors and assigns that are financial institutions and their respective employees with full power and authority to concurrently exercise all powers granted hereunder to the Agent and to take any action relating to all instructions, activities and transactions authorized by the powers granted herein. J.P. Morgan is entitled to rely on this Power of Attorney until J.P. Morgan receives written revocation of its termination or the termination of authority of any Agent. A revocation will not affect or impair any liability or obligation of mine arising out of or related to the exercise by an Agent of any powers granted herein. In order to induce J.P. Morgan to act in accordance with this Power of Attorney, I agree to hold J.P. Morgan harmless from any loss or liability resulting from acting in accordance with these powers. J.P. Morgan shall be an intended third party beneficiary of this Power of Attorney.

This Power of Attorney shall be governed by the laws of the State of Delaware (Title 12, Chapter 49A) for all purposes, including (without limitation), construction, validity, and effect, except to the extent provided in Section 49A-103(a) of the Act. I hereby ratify and confirm everything that my Agents have done or shall do by virtue of the powers of attorney granted hereunder.

SIGNATURE / ACCOUNTHOLDER ACKNOWLEDGEMENT

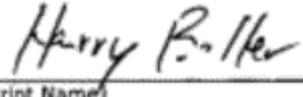
IF YOU HAVE ANY QUESTIONS ABOUT THIS POWER OF ATTORNEY OR THE AUTHORITY YOU ARE GRANTING TO YOUR AGENT(S), YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS POWER OF ATTORNEY.

I have hereunto set my hand and seal to this Power of Attorney this _____ day of _____, 20____, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and that I sign it willingly, that I execute it as my free and voluntary act for the purpose expressed in this Power of Attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.


Signature of Principal (Accountholder) - NOTARIZATION IS REQUIRED _____ GHISLAINE MAXWELL
[Print Name]

STATE OF: NY COUNTY OF: NY

I certify that GHISLAINE MAXWELL, known or satisfactory proven to me to be the individual who signed the foregoing Power of Attorney as the Principal, appeared before me on this 17 day of May, 2011, and acknowledged that he / she executed the foregoing powers.

 5/17/11 
Signature (notary public) _____ Date _____ [Print Name] _____
HARRY I. BELLER

My commission expires: _____
Notary Public, State of New York
No. 018E4853924
Qualified in Rockland County LY
Commission Expires Feb. 17, 2014

WITNESS: Not required for business and some fiduciary accounts

I, the witness, hereby set my hand and seal and swear that I am not related to the Principal by blood, marriage, or adoption; and that I am not entitled to any portion of the estate of the Principal under the Principal's current will or codicil, or under any current trust instrument of the Principal.

Signature of Witness _____ Date _____ [Print Name] _____

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