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## Power of attorney

This form is a notification of an appointment or change of representative

Read the **notes** carefully before completing this form. This is particularly important if you are sending us information concerning trade secrets that you do not wish published. Fields marked ● are mandatory. Fill in the form using capital letters or type it. Please do not staple the pages together. Please note that you will have to print this form, as the information can not be saved.

### ●Subject area

One subject area per form only.

Trademark     Design     Patent

### ●Application/ reg.no.

Appl. No./Reg. No./Patent No.    Trademark/design/title of patent

Appl. No./Reg. No./Patent No.    Trademark/design/title of patent

The power of attorney applies to the following application/registration: (Please use the list on the next page if the list below is not sufficient.)

**Attachments**     Check box if additional documentation is attached.

### Change of representative

This is a notification of change of representative.    Your reference regarding this notification:  
 400583-000

### ●Representative

I/we hereby authorize:

Given name/Company name: NJORD Law Firm Advokatpartnerselskab    Surname:

Postal address: Pilestræde 58

Postal code: DK-1112    City: Copenhagen K    Country: Denmark

Organisation number, if company: DK34877807    Customer ID:

the power to file an application and represent me/us in everything concerning it, and after the application has been registered, to receive announcements and other procedural communications relating to it. I/we hereby also confer upon the representative the right to withdraw the application, partially or totally, and to request a partial or total cancellation of the protection. This power of attorney includes divisional and separate applications and protection obtained on the basis of such applications. The representative is authorised to transfer this power of attorney to another agent.

### ●Applicant/ holder

Given name/Company name: NHS, Inc.    Surname:

Postal address: 104 Bronson St. Suite 9

Postal code: CA 95062    City: Santa Cruz    Country: USA

Organisation number, if company:    Customer ID:

### ●Signature

Place: Santa Cruz, California 95062 USA    Date: 5/20/15    Signature (the holder or his/her representative): 

For insertion of the representative's logo (optional)

# Power of attorney

Please use this list if the list on the previous page is not sufficient

Appl. No./Reg. No./Patent No.	Trademark/design/title of patent
227723	SANTA CRUZ
226703	Figurmerke
163407	INDEPENDENT TRUCK CO.
155155	INDEPENDENT TRUCK COMPANY
152846	SANTA CRUZ
1130965	CREATURE
1134118	CREATURE (figur)
1144341	Figurmerke