## STATE OF CONNECTICUT DEPARTMENT OF LABOR 200 FOLLY BROOK BOULEVARD, WETHERSFIELD, CT 06109-1114

## **POWER OF ATTORNEY**

Know All Persons by These Presents That				having its principal
•	(CI	ient)		0 1 1
Office at	does hereby appoint			to
(Place of Business)			(Represent	ative)
represent the said company in unemployme	ent tax and claim related	d matters bef	ore the:	
20	necticut Department of I 00 Folly Brook Bouleva Wethersfield, CT 06109	rd		
Until further notice.				
In Witness Whereof I have hereunto signed attested by the signature of its duly qualified		npany has ca day of		strument to be
This authorization cancels and supersedes	(Day) all prior authorizations.		(Month)	(Year)
By: Title: Employer registration number: Federal ID number:				
Dated this day of Before me personally appeared oath to the truth of the matters contained he	erein.	,	. · , know	vn to me and made
Notary Public Commissioner of Superior Court	_			