POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

THAT,, G	A DOL Account No,
having its principal office at	, hereby
appoints as it	s true and lawful agent with full authority to
represent the said	before the Georgia Department of Labor,
until further notice, in connection with all matte	rs affecting State Unemployment Insurance
Taxes including, without limitation, all claims, tax c	ontributions and experience ratings.
This Power of Attorney supersedes and revokes a the named employer relating to the subject matter she is authorized to execute this Power of Attorney	hereof. The undersigned warrants that he or
IN WITNESS WHEREOF, the undersigned has	
Attorney on behalf of the named employer this	day of
	Employer's Name
Ву	/: Signature
	Signature
	Print or Type Name
	Title

It is respectfully requested that all forms pertaining to unemployment taxes be mailed to the new ADDRESS OF RECORD as indicated below.