## 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 principa
•		(Client)		
Office at	does hereby appo	oint		to
(Place of Business)			(Representa	tive)
represent the said company in unemployment	ent tax and claim rela	ated matters b	efore the:	
	necticut Department 200 Folly Brook Bould Wethersfield, CT 06	evard		
Until further notice.				
In Witness Whereof I have hereunto signed attested by the signature of its duly qualified	d officer this	company has day of		,
This authorization cancels and supersedes	(Day) all prior authorizatio	ns.	(Month)	(Year)
By: Title: Employer registration number: Federal ID number:				
Dated this day of day of act to the truth of the matters contained he	erein.		· , knowi	n to me and made
Notary Public Commissioner of Superior Court				