POWER OF ATTORNEY

THAT:					
	Employer Name				
		550.0	a corporation	on, sole proprietorship, partnership, l	LC, LLP, trust
	Account #	FEIN#		(circle one)	
	with address:				
does he	reby constitute and app	oint Quanteya	Crowell		at
	Payroll Inc - 160 Newtown				
it's true a	ind lawful attorney in fact w	vith full power and auti	nority to represent	the said business entity before the:	
		Delaware Divis	sion of Unempl	oyment Insurance	
☑ T and i □ T □ A □ F □ C □ C □ C □ C □ C □ C □ C □ C □ C	her notice in the following notice in the presenting of complete information relative hereto the payment of contribution the obtaining of such information matters affecting merit reparticipates in SIDES. Access to file reports electrical main the personal discussion of a such as a suc	ed forms, including claid. ns. mation as is permissible ating. conically. iling address to:	le.	djustment of account, employer's protes	t of benefit claims,
	CANCELLED BY THE BU	S AND SUPERSEDES	S ALL PRIOR PO	oyment Insurance WERS OF ATTORNEY. THIS POWER RITTEN NOTICE TO THE DIVISION OF	
AFFIDAV	/IT:				
I,		(Name	of Authorized Citi	izen), being duly sworn depose and say	that I hold the office
	, ir			_, Employer Registration Number	
				and am fully authorized on beha	
				 (Party Granted Powe	
					(business entity)
	•			ithout first obtaining the direction and ap	
	ors of			3	
			_	(Signature of Authorized Offi	cer)
				, ,	•
Sworn an	nd subscribed before me th	nis c	day of	, 20	
				Notary F	
(NOTAI	RY SEAL)			Notary Expiration:	