POWER OF ATTORNEY

THAT:			
Employer	Name		
			a corporation, sole proprietorship, partnership, LLC, LLP, trust
Account #		FEIN #	(circle one)
with ad	dress:		
loes hereby con	stitute and appoint		at
t's true and lawful	attorney in fact with ful	I power and author	ity to represent the said business entity before the:
	D	elaware Divisio	n of Unemployment Insurance
intil further notice i	n the following matters	s to wit [.]	
			for refund or adjustment of account, employer's protest of benefit claim
	n relative hereto.		
	ent of contributions.		
	ing of such information	as is permissible.	
	affecting merit rating.		
Participate		ь.	
	ile reports electronical the official mailing a		
	the official maining a	iuuress io.	
The person	al discussion of any or	all of the foregoing	y with proper officials of:
		an or the foregoing	
	D	elaware Divisio	n of Unemployment Insurance
			LL PRIOR POWERS OF ATTORNEY. THIS POWER OF ATTORNEY IY TIME BY WRITTEN NOTICE TO THE DIVISION OF UNEMPLOYME
AFFIDAVIT:			
3		(Name of	Authorized Citizen), being duly sworn depose and say that I hold the of
	, in the		, Employer Registration Number havi
ts principal office a			and am fully authorized on behalf of such compa
			(Party Granted Power of Attorney) as
			epresent(business entity)
			<u>NSURANCE</u> without first obtaining the direction and approval of the Boa
of Directors of		(busir	ness entity).
			(Signature of Authorized Officer)
			(Signature of Authorized Onicer)
Quern and auto-	and hotoro mo this	ـ لم	of 20
Sworn and Subscri	Ded defore me this	day	of, 20
			Notary Public

(NOTARY SEAL)

Notary Expiration: