ATTN: Employer Services P.O. Box 488 Montpelier, VT 05601-0488 Phone: 802-828-4344 Fax: 802-828-4248 Limited Power of Attorney and Tax Information Authorization (Business, Estate or Trust)		VT Unemployment Account Number Federal Identification Number Client Number
Taxpayer's Legal Business Name:		
Trade Name(s): _		-
hereby appoints <u>Stephanie Mendez</u>	as its agent to pe	form the following acts on its behalf:
This Limited Power of Attorney form is effective for the this department is otherwise notified.		2022 and will remain in effect until
(check all that apply): Receive, prepare and file new and amended Verma Obtain from and provide to this agency information Discuss matters as they pertain to the rate assignment Address in Fact: 675 Ponce De Leon Ave NE	regarding its returns filed	for periods on or after the date below.
(C-101 Forms, Rate _ STE W207		
Notices, Statements) Atlanta, GA 30308		
Notices, Statements)Atlanta, GA 30308 Telephone No.:877-328-6505		
	m related information shoul	d be mailed.
Telephone No.: <u>877-328-6505</u>		d be mailed.
Telephone No.: 877-328-6505 Image: Specify the client address where benefit claim		d be mailed.
Telephone No.: 877-328-6505 Image: Specify the client address where benefit clair Client Address:		d be mailed.
Telephone No.: 877-328-6505 Image: Specify the client address where benefit claim Client Address: (Only Benefit Claim		d be mailed.
Telephone No.: 877-328-6505 Image: Specify the client address where benefit claim Client Address: (Only Benefit Claim Related Information)		
Telephone No.: 877-328-6505 Image: Specify the client address where benefit claim Client Address: (Only Benefit Claim Related Information) Telephone No.: It applies only to the items which have been selected	 above as they pertain to t	he Unemployment Insurance Tax and/or
Telephone No.: 877-328-6505 Image: Specify the client address where benefit claim Client Address: (Only Benefit Claim Related Information) Telephone No.: It applies only to the items which have been selected Benefit related matters for the client.	 above as they pertain to t	he Unemployment Insurance Tax and/or

AFFIRMATION OF WITNESS

affirm that affirm that			
Signature of Witness (Cann	iot be same as N	lotary) Date	
FOR USE BY NOTARY		STATE OF	
			, <u>SS</u> .
At	on the	day of	personally appeared
	w	ho acknowledged this Instrur	ment and signed by him/her as his/her free act and
deed, and before me,		. My Commissi	ion expires:
Signature of Notary Public			
ATTESTATION OF AGEN	r		
I, <u>Stephanie Mendez</u>		do hereby attest that I ac	ccept appointment as agent for
		(hereafter "principal") and	d:
that I understand my duties	s under this Limit	ed Power of Attorney and une	der the law;
that I understand that I hav	/e a duty for the p	principal as to the specific tra	ansactions and types of transactions if

expressly required to do so in this Limited Power of Attorney;

that I hereby specifically acknowledge and accept such duties to act in signing this Limited Power of Attorney;

in the case of such a duty to act, my agreement to act on or behalf of the principal is enforceable against me regardless of whether there is any consideration to support a contractual obligation;

that I understand and acknowledge in signing this Limited Power of Attorney, that if I have been selected as agent with the expectation that I have special skills or expertise I will use those skills on behalf of the principal.

Signature of Agent

Date Signed