

POWER OF ATTORNEY (POA)/AUTHORIZATION OF AGENT

South Dakota Department of Labor and Regulation
Reemployment Assistance Division

PO Box 4730, Aberdeen, SD 57402 Phone 605.626.2312 Fax 605.626.3347 www.sdjobs.org

Effective Date [Redacted]

That the Undersigned Employer [Redacted]

Employer's Mailing Address [Redacted]

[Redacted] City [Redacted] State [Redacted] Zip Code

A [] Corporation [] Partnership [] Individual [] LLC

Federal ID Number [Redacted]

SD RA Account Number [Redacted] OR [] APPLIED FOR

Does Hereby Appoint POA [Redacted]

Along with its divisions and subsidiaries the true and lawful attorneys-in-fact of the undersigned, until further written notice, to represent the undersigned before any and all government bodies, agencies or instrumentalities, regarding the following matters:

POWER OF ATTORNEY/ADDRESS AUTHORIZATION (MARK ALL THAT APPLY)

[] TAX Power of Attorney Indicate below the address that should receive all Tax information including rate notices, quarterly reports, benefit charges, delinquent notices, debit/credit notices. If left blank, the address will default to the employer's mailing address indicated above.

[Redacted] [Redacted] City [Redacted] State [Redacted] Zip Code

[] BENEFITS Power of Attorney Indicate below the address that should receive all Benefit information, including claim notices and appeals. If left blank, the address will default to the employer's mailing address listed above.

[Redacted] [Redacted] City [Redacted] State [Redacted] Zip Code

[] LIMITED Power of Attorney Indicating Limited Power of Attorney denotes that the appointed POA listed above files the quarterly reports for the employer. Limited Power of Attorney also allows access to employer payroll information and tax rates. There is no address change with Limited Power of Attorney.

Each of said attorneys-in-fact shall have the power to act with or without the others and the power and authority to perform, in the name of and on behalf of the undersigned, every act necessary to carry out the subject matter hereof as fully as the undersigned could do. The undersigned hereby ratifies and approves the acts of said attorneys-in-fact.

This authorization supersedes and revokes any prior power of attorney or authorization from the undersigned relating to the subject matter hereof.

Employer's Signature (Authorized Officer)

Employer's Name and Title (type/print)

Date

Telephone Number