

**NORTH CAROLINA DEPARTMENT OF COMMERCE
DIVISION OF EMPLOYMENT SECURITY
POST OFFICE BOX 26504
RALEIGH, NC 27611-6504**

**POWER OF ATTORNEY
AND
DECLARATION OF REPRESENTATIVE**

EMPLOYER NAME *(Exactly as shown on the Division of Employment Security Records)*

FEDERAL EMPLOYER IDENTIFICATION NUMBER

STATE UNEMPLOYMENT TAX ACCOUNT NUMBER

David Strickland and Stephanie Mendez

REPRESENTATIVE NAME

The above representative is hereby appointed to represent employer in all matters pertaining to contributions (tax) and benefits (claims) until further notice. This representation includes:

1. Completing and delivering all forms for filing Employer's Tax and Wage Reports, claims for refunds, or adjustments;
2. To complete and respond to benefit claims including but not limited to the completion of Form NCUI 500AB and providing information relative thereto;
3. Authorization to send to the representative notices in matters regarding contributions (tax) and benefits (claims);
4. All matters affecting the tax rate, contributions (tax), and/or direct reimbursements;
5. The personal discussion of any and all of the foregoing with proper officials of the Division of Employment Security;
6. The initial Application for Review and Redetermination of the employer's tax rate;
7. This Power of Attorney and Declaration of Representative revokes all earlier reporting representative authorizations and Powers of Attorney issued by the undersigned employer;

8. The undersigned employer acknowledges that the representative is not authorized by this document to represent the employer in any hearings conducted by the Division of Employment Security or to enter any appeals from any decisions of the Division of Employment Security whether such decisions are rendered by Adjudicators, Appeals Referees, the Assistant Secretary, or any other authorized employee of the Division of Employment Security. To comply with the requirements of N.C.G.S. 96-17(b) , a separate form Notice of Attorney Supervision must be completed in order for the representative to appear at hearings or to enter notice of appeal for the employer; and

9. The representative's address (is)(is not) to be the address of record in matters regarding contributions (tax) and benefit claims; (is) (is not) to be the special claims address in matters regarding benefits (claims only).

This Power of Attorney and Declaration of Representative shall become effective on the 1st day of January, 2021, and shall remain in effect until revoked by the employer, the representative, or the Division of Employment Security.

AUTHORIZING SIGNATURE *(must be the proprietor, a general partner or duly elected corporate officer)* (SEAL) _____
TITLE

TYPED OR PRINTED NAME

SUBSCRIBED AND SWORN to before me on this _____ day of _____, _____.

NOTARY PUBLIC

(Notary Seal)

My Commission expires December 31, 2040.

David Strickland
REPRESENTATIVE NAME

1230 Peachtree St NE Suite 1250
ADDRESS

Atlanta, GA 30309
CITY, STATE, ZIP


REPRESENTATIVE SIGNATURE

David Strickland
TYPED OF PRINTED NAME

Agent
TITLE