POWER OF ATTORNEY
AND DECLARATION OF REPRESENTATIVE
(Work Opportunity Tax Credit Equivalent Document)

Effective Date: 01/01/2026

Valid Through Date: 01/01/2046

Taxpayer's name and complete address. (Please type or print.)

Taxpayer's FEIN:

The taxpayer listed above hereby appoints and authorizes the following entity to represent the taxpayer to request certification of new hires with respect to the Work Opportunity Tax Credit (WOTC) Program. (Please type or print.)

Stephanie Mendez - OnPay, Inc.
675 PONCE DE LEON AVE NE, STE W207
ATLANTA, GA 30308

Stephanie Mendez

Signature of taxpayer. (If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney and Declaration of Representative on behalf of the taxpayer.)

_____ _____

Signature Title

_____

Date

STATE OF _____

COUNTY OF _____

The person(s) signing as or for the taxpayer appeared this day before me, a Notary Public, and acknowledged this Power of Attorney and Declaration of Representative as a voluntary act and deed.

_____ _____

Notary Public **Date**

(seal)

(4-11)