POWER OF ATTORNEY

THAT:				
	Employer Name			
			ation, sole proprietorship, partnership, LL0	C, LLP, trust
	Account # FEI.	N#	(circle one)	
	with address:			
does he	reby constitute and appoint			at
it's true a	nd lawful attorney in fact with full pov	wer and authority to repres	ent the said business entity before the:	
	Delav	ware Division of Unem	ployment Insurance	
until furth	ner notice in the following matters, to	wit.		
			or adjustment of account, employer's protest of	f benefit claims,
	information relative hereto.	3	,	,
	he payment of contributions.			
	he obtaining of such information as i	s permissible.		
	All matters affecting merit rating.			
	Participates in SIDES.			
	Access to file reports electronically. Change of the official mailing addre	ace to:		
	maning of the official maining address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	THORIZATION CANCELS AND SUI CANCELLED BY THE BUSINESS E		Ployment Insurance POWERS OF ATTORNEY. THIS POWER OF WRITTEN NOTICE TO THE DIVISION OF U	
AFFIDAV	/IT:			
l,		(Name of Authorized (Citizen), being duly sworn depose and say that	at I hold the office
	, in the		, Employer Registration Number	having
its princip	oal office at		and am fully authorized on behalf o	of such company
to grant th	he powers stated in said Power of At	tornev to	(Party Granted Power o	of Attornev) as the
				isiness entity)
			without first obtaining the direction and appro	val of the Board
of Directo	ors of	(business entity).		
			(Signature of Authorized Officer))
Sworn an	nd subscribed before me this	day of	, 20	
			New S.L.	lio
/NG=::	DV (5.41)		Notary Publ	
(NOTAI	RY SEAL)		Notary Expiration:	