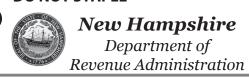
DO NOT STAPLE



DP-2848



DP28482411862

POWER OF ATTORNEY (POA)

SECTION 1- TAXPAYER INFORMATION								
Name of Taxpayer (Must match the tax return)			Taxpayer Identification Number					
Name of Spouse (If filing jointly)		Taxpa	Taxpayer Identification Number					
Address of Taxpayer(s)		Depa	Department Issued License Number					
SECTION 2- REPRESENTATIVE(S): I/We hereby appoint the fo	ollowing representative(s) as attorney(s)-in	n-fact:						
Name of Representative			Telephone Number					
Address of Representative								
Name of Representative		Telephone Number						
Address of Representative								
Name of Representative		Telephone Number						
Address of Representative								
SECTION 3 - ACTS AUTHORIZED (Must be filled out): Said atto Administration concerning all tax matters for the tax periods a							it of Re	venue
Line (a): All tax periods or the following tax period(s)):							
Line (b): All tax types or only the following (check all that a	apply): Business Taxes Interest	and Divid	ends T	ax				
Meals and Rentals Tax Real Estate Tra	nsfer Tax Other							
Line (c): If applicable, please describe any other limitations you								
Line (d): This power of attorney shall not revoke any prior pow		ne Depart	ment.					
To revoke all prior powers of attorney, check this box	□.							
SECTION 4 - SIGNATURE(S)	and the second second second							
If signed by a corporate officer or fiduciary on behalf of the taxp		cute this p	power		-	- (8484	DDVAA	00
Taxpayer Signature	Print Signatory Name & Title			roda	y's Dat	e (MM	מאאטטו	Υ)
Consume Company of Manual Control	Drivet Circu et am . Nove - 9 Title			T!	ula D-1	- (1414	DDVAA	00
Spouse Signature (If applicable)	Print Signatory Name & Title			roda	y's Dat	e (MIM	א א טטו	1)