

POWER OF ATTORNEY

**Workforce West Virginia
Unemployment Compensation Division
Contribution Accounting**
P.O. BOX 106
Charleston WV 25321
Email Address: uctaxunit@wv.gov
Fax Number: 304-558-1550

KNOW ALL MEN BY THESE PRESENTS:

That _____, Employer No. _____

FEIN: _____ an employer, having its principal office at _____

_____ does hereby appoint and changes the address of record to:

*Its true and lawful agent with full power and authority to represent the said Employer before the **West Virginia Unemployment Compensation Division** until further notice in connection with:*

All matters affecting Unemployment Tax, including claims, contributions, merit rating, hearings and appeals.

THIS AUTHORIZATION CANCELS AND SUPERSEDES ALL PRIOR AUTHORIZATIONS.

IN WITNESS WHEREOF, the said Employer has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day of _____ 20__ .

{Corporate Seal}

{Notary Seal}

By: _____

_____ Title: _____

Witness