

LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, _____, GA DOL
Account No. _____, having its principal office at

_____,
hereby appoints _____ as its true and lawful
agent with authority to represent the said _____ before the
GA Department of Labor until further notice in connection with all matters affect-
ing State Unemployment Insurance Taxes including with limitation, contributions,
experience ratings and excluding claims.

This Power of Attorney supersedes and revokes any prior power of attorney autho-
rization from the undersigned relating to subject matter hereof.

***The legal mailing address of the undersigned shall remain the same. The undersigned will continue to receive all correspondence pertaining to con-
tributions, claims and experience ratings.***

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this
Power of Attorney this _____ day of _____, 20____.

Employer's Name

By: _____
Signature

Print or Type Name

Title