

MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation – Tax Division 20 Union Street, P.O. Box 259 Augusta, ME 04332-0259	QUESTIONS? Telephone:..... (207) 287-3176 Fax: (207) 287-3733 TTY: (800) 794-1110 E-Mail: <i>division.uctax@state.me.us</i>
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POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That _____ Account
 No. _____ of _____ does hereby
 constitute and appoint _____
 _____ of _____ its true
 and lawful attorney in fact with full power and authority to represent _____
 _____ before
 the Maine Department of Labor, Bureau of Unemployment Compensation, effective immediately and until this
 authority has been revoked in writing in connection with any and all matters as indicated below:

- 1. The filing of completed forms, including claims for refund or adjustment of account, employer’s appeal of benefit claims, assessments, liability or status determinations, contribution rate, wage record reports and related information.
- 2. The payment of contributions and any penalties and interest assessed on the account.
- 3. The obtaining of all account information required and authorized by the Maine Employment Security Law.
- 4. All matters affecting the experience record and contribution rate of the account.
- 5. The discussion of any or all of the foregoing with authorized agents of the Maine Department of Labor, Bureau of Unemployment Compensation.

IN WITNESS WHEREOF, the said _____ has
 caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day
 of _____, 2000.

Company Name	By	Title

STATE: _____

COUNTY OF _____, SS. _____, 20 _____

Then, personally appeared the above named _____ whose
 title is _____ and acknowledged the foregoing instrument to be his/her free
 act and deed in his/her said capacity.

Notary Public	Type or Print Name	My Commission Expires