

_____ Unemployment Compensation
(State)

POWER OF ATTORNEY

Know all men by these present:

that _____ Account No. _____ a _____ having its
(Company Name) (Type of entity)
principal office located at _____ does hereby constitute and appoint

**HUNTER CONSULTING COMPANY
6600 CLOUGH PIKE
P.O. BOX 54865
CINCINNATI, OH 45254-0865**

Its true and lawful attorney in fact with full power and authority to represent the said corporation before the Department of Employment Security until further notice in the following matters, to wit:

1. The presenting of complete forms, including claims for refund or adjustment of account employer's protest of benefit claims, and information relative thereto.
2. The payment of contributions.
3. The obtaining of such account information as is permissible
4. All matters affecting merit rating.
5. The personal discussion of any of all of the foregoing with proper officials.

From this date until rescinded by a letter from us, please note your records that any mail from your agency, including tax reports, etc., should be addressed to the following which is our business address:

**HUNTER CONSULTING COMPANY
6600 CLOUGH PIKE
P.O. BOX 54865
CINCINNATI, OH 45254-0865**

Any mail addressed other than as describer in the preceding paragraph may be delayed, misdirected or otherwise mishandled. In view of the strict time limits imposed by the statute, and which we wish to observe, we must consider any mail otherwise addressed will not constitute notice to us.

This authorization cancels and supersedes all prior authorizations.

IN WITNESS WHEREOF, the said corporation had caused this instrument to be duly attested by the signature of its duly qualified officer the _____ day of _____ A.D 20____.

COMPANY NAME

SIGNATURE

NAME

OFFICER'S TITLE

WITNESS