Wyoming Unemployment Tax Division

LIMITED POWER OF ATTORNEY

	EMPLOYMENT INSURANCE COUNT #:	WORKERS' COMPENSATION EMPLOYER #:
EMPLOYER NAME:		
EM	PLOYER ADDRESS:	
то	WHOM IT MAY CONCERN:	
age Cor	e have appointedent to represent our company in Unemployn mpensation matters until further notice. horized agent's telephone number:	nent Insurance and/or Workers' Safety and
This	s representation includes:	
1.	The presenting of completed forms, inceeding employer's protest of benefit claims, and	cluding claims for refund or adjustment of account, d information relative thereto.
2.	All matters affecting merit rating, contrib	outions and/or direct reimbursements.
3.	The personal discussion of any or all of the foregoing with proper officials of the State of Wyoming Unemployment Tax Division, Unemployment Insurance Division, and the Workers' Safety and Compensation Division.	
4.	This appointment supersedes and repla have filed with your agency.	ces any prior authorization which our company may
Authorized by:		Title:
Phone #:		Date:
RETU	JRN TO: DEPT OF EMPLOYMENT	

POA 7-25-05

Unemployment Tax Division Employer Services P O Box 2760

Casper WY 82602-2760 FAX: 307-235-3278