EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA
POST OFFICE BOX 26504
RALEIGH, NORTH CAROLINA 27611-6504

LIMITED POWER OF ATTORNEY

_____

Employer Name (Exactly as shown on Employment Commission Records)

_____ _____

Federal Employer Identification Number ***State Unemployment Tax Account Number***

ABSHI
Reporting Agent Name

The above agent is hereby appointed as reporting agent with authority to sign and file the Employer's Tax and Wage Report and make state unemployment tax payments for the above employer. The agent is authorized to receive confidential information to prepare the Employer's Tax and Wage Reports.

The reporting agent authorization revokes all other earlier reporting agent authorizations but has no effect on any other power of attorney.

_____**(SEAL)** _____

Authorizing Signature (Must be the proprietor, a general partner, or duly elected corporation officer) **Must be legible!**

Title

_____

Typed or Printed Name above

SUBSCRIBED AND SWORN to before me on this ____day of _____, 19___.

(Notary Seal)

_____
Notary Public
My Commission expires_____, 19_____

This authorization includes Employer's Tax and Wage Reports and tax payments, beginning with the period indicated and shall remain in effect through subsequent tax periods until revoked by the employer, the agent or the Employment Commission of North Carolina.

_____
Beginning Period

Reporting Agent: ABSHI
P.O. Box 1330
Auburn, ME 04211-1330

Reporting Agent Signature:_____
Typed or Printed Name: Nadine Hughes, CPP Title: Tax Director