

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

POWER OF ATTORNEY

I. Business/Taxpayer						
Name						
		Tay		C4-4-	ZID C- 1-	
Address		City		State	ZIP Code	
Phone Number	FEIN	UI Tax I		Number		
II. Does Hereby Appoint						
Name of Appointed Representative		Phone Number				
CHUONG DANG		(314)329-6099				
Address		City		State	ZIP Code	
3217 Lemay Ferry Rd		Saint Louis		MO	63125	
as attorney(s)-in-fact to represent taxpay following Unemployment Insurance ma		ssouri Division of Empl	oyment S	Security with 1	respect to the	
Type of Representation (check one): UI Tax and Claim Matters UI Tax Only UI Claim Only						
Change employer's official mailing add	ress to that of ap Fax Matters	pointed representative fo		all that apply):	
This authorization supersedes a Missouri Division of The authorization does n	of Employment S	Security relating to the su	ıbject ma	atter hereof.		
III. Signature of Business Representa	tive/Taxpayer					
Name (printed)		Title				
Signature			Date			
IV. Signature of Appointed Represen	tative			<u> </u>		
Name (printed)		Title				
CHUONG DANG		GENERAL MANAGER				
Signature				Date		
V. Mail or fax completed form to:	Missouri Division of Employment Security Attn: Liability Unit P.O. Box 59 Jefferson City, MO 65104-0059 Fax Number: 573-751-7483					

IMPORTANT: If needed, call 573-751-3340 for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE!: Si es necesario, llame al 573-751-3340 para asistencia en la traducción y entendimiento de la información en este documento.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711