Form 2848 (Rev. March 2004) Department of the Treasury Informal Revenue Service	and Declaration of Representative				OMB No. 1545-0150 For IRS Use Only Received by: Name		
Power of Attor	Baller						
	. Taxpayer(s) must sign and da			TO THE THINK	Punction		
Taxpayer name(s) and address Wisconsin - Upper Michig 10 Windswept Way		Social security number		number			
Fitchburg, WI 53719	Di (	aytime telephone	number P	26 ; 0290138 Plan number (if applicable			
	ing representative(s) as attorned	E FEB E	· · ·				
Name and address			AE No				
Amie B. Trupke, Stafford P.O. Box 1784 Madison, WI 53701-1784	Te Fa	CAF No.  Telephone No.  608-259-2672  Fax No.  Check if new: Address ☐ Telephone No. ☐ Fax No. ☐					
Name and address	Te Fa	CAF No					
Name and address to represent the taxpayer(s)	before the Internal Revenue S	Te Fa Check if new		Telephone N	**********		
3 Tax matters							
Type of Tax (Income, E	mployment, Excise, etc.) e instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (see			Year(s) or Period(s) the instructions for line 3)		
Application for tax exempt status		1024 NA		NA			
	rded on Centralized Authoriza						
5 Acts authorized. The and all acts that I (we) agreements, consents below), the power to s	representatives are authorized can perform with respect to the or other documents. The auti ubstitute another representative turns or return information to a	to receive and ins the tax matters desc thority does not inc to, the power to sic	pect confidentia ribed on line 3, f lude the power in certain return	tax information example, to receive no s, or the pos	ation and to perform any the authority to sign any etund checks (see line to wer to execute a request		
limited situations. See	olled return preparer cannot si Unenrolled Return Preparer t provided in section 10.3(d) of	on page 2 of the	instructions. An	enrolled act	luary may only represen		
List any specific additi	ons or deletions to the acts of	herwise authorized	in this power of	attorney:			
***************************************			.,,				

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE

and list the name of that representative below.

Name of representative to receive refund check(s) ▶

OR CASH, refund checks, initial here \_

P			

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first rec	presentative listed	on line 2.			s will be sent to you and a	- F-14-10-10-1-10-1
a If you a	you also want the second representative listed to receive a copy of notices and communications, check this box bound on not want any notices or communications sent to your representative(s), check this box					
power(	s) of attorney on f cument. If you do	le with the Internal not want to revoke	Revenue Service a prior power (	ce for the same tax m of attorney, check her	attorney automatically revolutions and years or periods e	es all earlier s covered by
reques receive	ted, otherwise, se	e the instructions. If	signed by a co	orporate officer, partn	and wife must sign if joint n er, guardian, tax matters pa ne authority to execute this	artner, executor
► IF N	OT SIGNED AND	DATED, THIS POY	VER OF ATTOR	RNEY WILL BE RETU	RNED.	
I	malel R sign	Irluetto.		5   16   07 Date	TREASURER Title (if applic	able)
DONA	Print Name	URTIE DE	N Number	Print name of tax	payer from line 1 if other ti	nan individual
	Sigr	nature		Date	Title (if applic	able)
		FIF				
********	Print Name	PI	N Number			
Part II	Declaration of	Panrasantativa				
I am no I am av the pra I am or a Atto b Cert c Enro d Office Full- I Fam g Enro auth h Uner	ware of regulations office of attorneys, athorized to represent of the following receptable Accounties Accounties Accounties Accounties Accounties Accounties Accounties Accounties Accounties Actuary—enrolled Actuary—enrolled Actuary—enrolled Actuary—enrolled Return Prepular No. 230, section	suspension or disbate contained in Treasure certified public account the taxpayer(s) in good standing of intant—duly qualified as an agent undefficer of the taxpayer a full-time employeer mber of the taxpayolled as an actuary the fore the Service is arer—the authority to in 10.7(c)(1)(viii). You	ary Department countants, erroll dentified in Par the bar of the hid to practice as ar the requirement's organization of the taxpayeer's immediate by the Joint Boilimited by section practice before must have prepared.	led agents, enrolled a it I for the tax matter(s) lighest court of the juit is a certified public accents of Treasury Depa is, fr. family (I.e., spouse, property and for the Enrollment ion 10.3(d) of Treasury the Internal Revenue S	CFR, Part 10), as amended ctuaries, and others; s) specified there; and risdiction shown below. countant in the jurisdiction surtment Circular No. 230.  arent, child, brother, or sister of Actuaries under 29 U.S. Department Circular No. 2 Service is limited by Treasurytion and the return must be to	er). C. 1242 (the 30). Department
F THIS D	DECLARATION OF	REPRESENTATIV			E POWER OF ATTORNEY	WILL
Designation above lett	ALCOHOLOGICAL DESCRIPTION OF THE PROPERTY OF T	iction (state) or entification		Signature		Date
d	W	1 Sconson	Denald	2 R Seault	5/1	6/2007