

**Arkansas
Power of Attorney**

- Taxpay[®] copy
- State copy
- Client copy

Know all men by these presents:

That _____, having its principal
office at _____
_____, does hereby constitute and appoint

Paychex, Inc.
911 Panorama Trail South
Rochester, NY 14625

its true and lawful attorney in fact with full power and authority to represent the said

before Arkansas Employment Security Department until further notice in the following matters:

1. The presenting of completed forms for the filing and payment of contributions and reporting of wage detail.
2. The payment of contributions.
3. The obtaining of such account information as is permissible.

The legal mailing address of the undersigned shall remain the same. The undersigned will continue to receive all correspondence pertaining to contributions, claims, and experience ratings.

This authorization cancels and supersedes all prior authorizations.

Signature of authorized officer(s):

_____ Date ____/____/____

_____ Date ____/____/____

Notary Public:

_____ Date ____/____/____

(Witness)