DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) POWER OF ATTORNEY

(Please read instructions before completing this form)

1.	PRINCIPAL (Name of Partnership Individual)	, Corporation, Association, Estate, (or 2. BUSINESS II	N WHICH ENGA	GED				
3.	ADDRESS (Number, Street, City, S	State, ZIP Code), TELEPHONE NUM	IBER, AND E-MAIL A	DDRESS					
4.	TAXPAYER IDENTIFICATION NUI Number or Social Security Number		5. PERMIT NUM	MBER / REGISTI	RY NUMBER (If applicable	e)			
6.	NAME AND TELEPHONE NUMBI	ER OF APPOINTED ATTORNEY							
7.	ADDRESS (Number, Street, City,	State, and ZIP Code)							
8. The above named principal, engaged in the business shown, has appointed the above named attorney to: (See Instruction 2)									
α	The nower is to apply to the following	ng (If authority is restricted to a natio	cular factory plant, pres	mises etc. die n	ama ac: Distillad Spirits Pla	nt			
Ο.	The power is to apply to the following. (If authority is restricted to a particular factory plant, premises, etc., give name as: Distilled Spirits Plant, Tobacco Products Factory, Tobacco Export Warehouse, etc., and address and registry nber. or, if aWholesale Liquor Dealer, SDAor Tax-Free Alcohol User, etc., give permit number)								
10.	SIGNATURE OF APPOINTED AT	TORNEY							
		EXECUTION	(See Instruction 3)						
11.	SIGNATURE IF PRINCIPAL IS IN	DIVIDUAL (Signature of Principal)			PATE				
	Signature	Title	Date	e					
	Signature	Title	Date	e					
	Signature	Title	Date	e					
	Signature	Title	Date	e					
	TTR F 5000 8 (04/2008)								

appeared before me today and acknowledged this power of attorney as hisher/their voluntary act and deed. The notarial seaf must be affixed unless a seal is not required under the laws of the state where the power of attorney is executed. NOTARIAL SEAL (if required) 14c. DECLARATION by attorney or certified public accountant who is granted the power of attorney is executed. 14c. DECLARATION by attorney or certified public accountant who is granted the power of attorney by this form. 1 declare that I am aware of the regulations of 31 CFR Part 8, that I am not currently under suspension or disbarment from practice before the Alcohol and Tobacco Tax and Trade Bureau, and that I am currently: (Check applicable box) A member in good standing of the bar of the highest court of! Qualified to practice as a certified public accountant in' Insert Name of State, Possession, or District of Columbia FOR TTB USE ONLY DATE RECEIVED FOR FILING DISTRICT RECEIVED BY (Signature and Tritle) INSTRUCTIONS 1. GENERAL. This form is filed with each TTB office in which the appointed attorney is to represent the principal. 2. ITEM 8. A full power of attorney is granted by paragraph 8(a). The power of attorney may be limited or restricted by deleting all of paragraph 8(a) and filisting the specific powers to be conferred in section 8(b). Signature of Witness Date Signatures appear below: afterwise appear below: all and not currently under suspension or disbarment from practice before the Alcohol and Tobacco Tax and Tritle) INSTRUCTIONS 1. GENERAL. This form is filed with each TTB office in which the appointed attorney is to represent the principal about TTB matters if a statement is made to that effect in time 8(b). Signature of Witness Date FOR TTB USE ONLY RECEIVED BY (Signature and Tritle) INSTRUCTIONS 5. ORIGINAL OF A RULING. The Alcohol and Tobacco Tax and Trade Bureau will give to an appointed attorney the original of a ruling concerning the principal about TTB matters if a statement is made to that effect in tim										
14b. WTNESSING The above-named person(s) signing as or for the principal(s) appeared before me today and acknowledged this power of attorney as his/her/their voluntary act and deed. The notarial seal must be affitixed unless a seal is not required under the laws of the state where the power of attorney is executed. Signature of Witness Signature of Witness Date NOTARIAL SEAL (If required) Date Title Signature of Witness Date Other officer I declare that I am aware of the regulations of 31 CFR Part 8, that I am not currently under suspension or disbarment from practice before the Alcohol and Tobacco Tax and Trade Bureau, and that I am currently: (Check applicable box) This power of attorney was signed by or for the principal(s) by a person persons known to, and in the presence of, the two disinterested we nesses whose signatures appear below: Signature of Witness Date Title Signature of Witness Date Other power of attorney by this form. I declare that I am aware of the regulations of 31 CFR Part 8, that I am not currently under suspension or disbarment from practice before the Alcohol and Tobacco Tax and Trade Signature and Title) FOR TIB USE ONLY PATE RECEIVED BY (Signature and Title) INSTRUCTIONS 1. GENERAL. This form is filled with each TTB office in which the appointed attorney is to represent the principal. 2. ITEM 8. A full power of attorney is granted by paragraph 8(a). The power of attorney may be limited or restricted by deleting all of paragraph 8(a) and illisting the specific powers to be conferred in section 8(b). Signature of Witness Date FOR TIB USE ONLY RECEIVED BY (Signature and Title) INSTRUCTIONS 5. ORIGINAL OF A RULING. The Alcohol and Tobacco Tax and Trades Bureau will give to an appointed attorney remains in effect until revoked by the principal about TTB matters if a statement is made to that effect in term 8(b). Signature of Witnes			14. A	CKNOWLEDGMENT, WITNESSING	, OR DE	CLARATION (Complete 14a, 14b, o	or 14c)			
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Title Signature of Witness Date			Signature of No	tary or Other Officer	Sign	ature of Witness	Date			
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recodified in 27 CFR Part 71) and any other applicable rules and statutes.		р			7.	Tobacco Tax and Trade Bureau governing representation (26 CF recodified in 27 CFR Part 71) and	must comply with the regulations R Part 601 or those regulations as			

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used by TTB to ensure that only duly authorized individuals are signing documents. The information is voluntary.

The estimated average burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.

4. FILING. This form must be completed in duplicate, unless otherwise

required, and submitted to the Director, National Revenue Center,

(d) ESTATE by completion of item 12 by the executor or administra-

tor and attaching other such documents as may be required by

(c) C A

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TTB.