(Rev. March 2012) Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150 For IRS Use Only

	٠	01	****	_		•	Q1
Ri	90	eiv	/ed	b	y:		

Part	Part I Power of Attorney Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.					Telephone			
						Function			
1 7	expayer information. Taxpayer must sign and date this form		~	-		Date	/		
Taxpave	er name and address	on page 2, line	Taxpayer identifica	tion numb	per(s)				
	IAL ASSOCIATION OF PLANT BREEDERS, INC. JILFORD ROAD				• •				
MADISON, WISCONSIN 53711			Daytime telephone	number	Plan n	umber (if a	applica	able)	
hereby	appoints the following representative(s) as attorney(s)-in-fact;		608-268-4	958					
	Representative(s) must sign and date this form on page 2. P	ort III							
~	nd address	art III.	CAENI						
Brian L.	. Anderson (DeWitt Ross & Stevens S.C.)		CAF No.						
	flin Street, Suite 600 n, Wisconsin 53703		PTIN 608-252-93						
111001301	14 111360113111 33703	Telephone No. 608-252-934 Fax No. 608-252-9243 Check if new: Address ☐ Telephone No. ☐							
Check If	to be sent notices and communications	Check	if new: Address 🗍	Telepi	hone No. 🔲	F	ax No.		
Name a	nd address		CAF No.						
			PTIN						
			Telephone No.						
Chack if	to be sent notices and communications	01	Fax No.					_	
	nd address	Cneck	If new: Address	Telept	none No. [_]	Fa	ix No.	<u> Ц</u>	
Manie al	id address		CAF No.						
			PTIN Telephone No.						
			Fax No.						
		Check	If new: Address 🗌	Telepi	none No. 🔲	Fa	x No.		
	sent the taxpayer before the Internal Revenue Service for the f	ollowing matte	ers:						
	Matters								
Descript Prac	ion of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblo titioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)		Tax Form Number	Bachlet	Year(s) or	Period(s) ((if app	licable)	
		<u> </u>	941, 720, etc.) (if app	iicabie)		structions	tor lin	e 3)	
applicat	ion for determination letter regarding 501(c)(3) status	1023			N/A				
				· .					
4 :	Specific use not recorded on Centralized Authorization Fi	le (CAF). If th	power of attorney i	s for a sp	ecific use no	ot recorde	d on (CAF,	
	check this box. See the instructions for Line 4. Specific Uses								
ı	Acts authorized. Unless otherwise provided below, the re information and to perform any and all acts that I can perform	with respect t	o the tax matters de-	cribed or	aline 3 for a	vamela ti	ho aut	horibe to	
5	sign any agreements, consents, or other documents. The	representative	(s), however, is (are	not auti	horized to re	eceive or	negot	late anv	
į	amounts paid to the client in connection with this represental unless the appropriate box(es) below are checked, the represe	lion (including entative(s) is (a	refunds by either ele	ctronic m	eans or pap	er checks). Add	litionally,	
(or return information to a third party, substitute another repres	entative or add	additional represent	atives, or	sign certain	tax return	; or ta	A returns	
[Disclosure to third parties; Substitute or add represent	entative(s);	Signing a return;						
=									
Ĺ	Other acts authorized:			1					
-				(s	ee instructio	ns for mo	re info	rmation)	
,	Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations.								
An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 23						125 220 A	rogiet	acad tax	
r	etum preparer may only represent taxpayers to the extent or	wided in secti	nn 10 3fB of Circular 1	220 200	the line 5 inc	teretions (far		
\$	on tax matters partners. In most cases, the student practition tax matters partners. In most cases, the student practitioner).			-					
	ist any specific deletions to the acts otherwise authorized in t	his power of a	ttornev:						
	•••••	2 P = 1, 01 01 0	************************					**********	
_	***************************************								
-					***************************************	***************************************			

Form	2849	Don	3-2012)	
rom	2048	(Hev.	3-20121	

Form 2848 (Rev.	3-2012)					Page 2
attorne to revo	ey on tile with the interna like a prior power of attor	r power(s) of attorney. The f I Revenue Service for the same ney, check here PY OF ANY POWER OF A	matters and year	s or periods covered by	this document. If you	
7 Signat of atto	ture of taxpayer. If a tax mey even if the same re or, receiver, administrato	matter concerns a year in which presentative(s) is (are) being and ar, or trustee on behalf of the	ch a joint return wa	as filed, the husband and	d wife must each file	
► IF N	NOT SIGNED AND DA	TED, THIS POWER OF AT	TORNEY WILL	BE RETURNED TO T	HE TAXPAYER.	
- Carlinda	LuSignature	<u>M</u> ã	y 1, 2014 Date		tle (if applicable)	
	3		Date	• • • • • • • • • • • • • • • • • • • •	ile (ii applicable)	
Elizabeth A. Le	e					
				NATIONAL ASSOCIA	TION OF PLANT BRI	EEDERS, INC.
	Print Name		XXXXX IN Number	Print name of tayou	toe from time 4 if other	AL _ T_ dt t a _ A
			ii 4 14dii ibei	Print haine of taxpay	yer from line 1 if other	than individual
	Declaration of Repr					
	s of perjury, I declare tha					-
		disbarment from practice before				
• I am authorize	ed to represent the taypa	Circular 230 (31 CFR, Part 10), yer identified in Part I for the m	as amended, con	cerning practice before	the Internal Revenue	Service;
I am one of the		you identified in Part Lioi file III	arrer(s) specilled (i	nere; and		
	_	ing of the bar of the highest co	urt of the jurisdictic	on shown below		
		qualified to practice as a certifie			tup bolow	
		nt under the requirements of C		and in the junealous and	Wil Delow.	
	bona fide officer of the ta					
e Full-Time E	Employee—a full-time em	ployee of the taxpayer.				
Grind, Broti	ioi, or sister).	axpayer's immediate family (for				
nie iliterija	Lueverine Service is littlif	tuary by the Joint Board for the ed by section 10,3(d) of Circula	ır 230).			
return und	Return Preparer—Your a er examination and have parers in the instruction	authority to practice before the signed the return. See Notice :	Internal Revenue S 2011-6 and Specia	Service is limited. You m al rules for registered t	ust have been eligible ax return preparers	e to sign the and unenrolled
practice of	ainia nia iliraliisi Hafalin	gistered as a tax return prepar e Service is limited. You must h ecial rules for registered tax i	iave heen elinihle i	to gion the return under	example at language from	11-41
k Student Att	omey or CPA-receives:	permission to practice before ti tion 10.7(d) of Circular 230. See	ne IBS by virtue of	his/her status as a law	husinasa, ar asa-u-t	lan about and
r Enrolled Re	etirement Plan Agent—en venue Service is limited t	rolled as a retirement plan age	nt under the requir	rements of Circular 230 (the authority to pract	ice before the
► IF THIS	S DECLARATION OF	REPRESENTATIVE IS N	OT SIGNED AN	ND DATED, THE PO	WER OF ATTOR	NEY WILL BE
Note: For design	nations d-f, enter your titl	ES MUST SIGN IN THE OF	ne taxpayer in the '	N LINE 2 ABOVE. Se "Licensing jurisdiction" of	e the instructions for column. See the instru	or Part II. uctions for Part II
Designation—	Licensing jurisdiction	Bar, license, certification,				
Insert above letter (a-r)	(state) or other licensing authority (if applicable)	registration, or enrollment number (if applicable). See instructions for Part II for more information.		Signature		Date
Α	wı	1005736	Brian	ZAnd	erson	5-1-18
				•		