	OMB No. 1513-0014 (06/30/2019) DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) POWER OF ATTORNEY								
	(Please read instructions before completing this form)								
1. PRI	NCIPAL (Name of Partnership, Corporation, Association, Limited Liability Company, Estate, or Individual)	,	BAGED						
3. ADD	DRESS (Number, Street, City, State, ZIP Code), TELEPHONE NUMB	ER, AND E-MAIL ADDRESS							
	NCIPAL'S EMPLOYER IDENTIFICATION NUMBER (Employer fication Number or Social Security Number)	5. PERMIT NUMBER / REGIS	TRY NUMBER (If applicable)						
6. NAM	6. NAME, TELEPHONE NUMBER, AND E-MAIL ADDRESS OF APPOINTED ATTORNEY								
7. ADI	DRESS (Number, Street, City, State, and ZIP Code)								
8. The	above named principal, engaged in the business shown, has appoint	ed the above named attorney to:	(See Instruction 2)						
com mat all n and	(a) Execute for him/her all applications, notices, bonds, tax returns, tax information disclosure authorizations, and other instruments, claims, offers in compromise, letters, writings, and papers, and to act for him/her in dealing with the Alcohol and Tobacco Tax and Trade Bureau (TTB) in connection with matters relating to the laws and regulations administered by it. The principal authorizes the attorney named above to receive on his/her behalf any and all notices, papers, and letters from the Alcohol and Tobacco Tax and Trade Bureau in connection with all such matters, and grants him/her full power and authority to do all that is essential in and about the premises, as duly as the principal could do if personally present, with full power of substitution and revocation. The principal hereby ratifies and confirms all that the attorney must lawfully do or cause to be by virtue of this appointment.								
(b) /	Authorization limited to:								
Prod	. 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 number; or, if a Wholesale Liquor Dealer, SDA, or Tax-Free Alcohol User; or if this Power of Attorney may be used for manufacturing or importing firearms or ammunition, etc., give permit number.)								
10. SIGI	NATURE OF APPOINTED ATTORNEY		DATE						
		See Instruction 3)							
11. SIGI	NATURE IF PRINCIPAL IS INDIVIDUAL (Signature of Principal)		DATE						

CORPORATION, LIMITED LIABI	ARTNERSHIP, LIMITED LIABILITY PARTNEI LITY COMPANY (LLC), OR ASSOCIATION. clare that I have the authority to execute this	seal, check the "Not Applicable box". The		
Signature	Title	Date	person(s) signing in Items 11 or 12 must have been granted signing authority (other than Power of Attorney) on another document	
Signature	Title	Date	previously approved or accepted by TTB).     Not Applicable	
Signature	Title	Date		
Signature	Title	Date		

-		14 .4				CLARATION (Complete 14a, 14b, or	14c)		
14	a. ACKNOWLE		STACAALEDGIAIEN I, MAIINESS			. WITNESSING	170/		
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 affixed unless a seal is not required under the laws of the state where the power of attorney is executed.					This power of attorney was signed by or for the principal(s) by a person or persons known to, and in the presence of, the two disinterested wit- nesses whose signatures appear below:				
		Signature of Notary or Other Officer			Sign	ature of Witness	Date		
NOTARIAL SEAL									
	(If required)	Date	Title	5	Sign	ature of Witness	Date		
14		N by attornoy or o	certified public accountant who is	arantod ti	tho r	nower of attornov by this form			
14			check applicable box)	granteu ti	ne p	ower of attorney by this form.			
			ng of the bar of the highest court of	of 1					
	Qualified	l to practice as a	certified public accountant in1						
	<sup>1</sup> Insert Name of	State, Possession, or I	District of Columbia						
	Printed Name	9	S	ignature			Date		
			 F <sup>_</sup>	OR TTB L	USE	ONLY			
	DATE RECEIVED	FOR FILING	TTB OFFICE	REC	CEI	/ED BY (Signature and Title)			
<ol> <li>GENERAL. This form is filed with TTB to show the appointed attorney is to represent the principal.</li> <li>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 listing the specific powers to be conferred in section 8(b).</li> <li>EXECUTION. This form must be signed by or on behalf of the principal(s as follows:         <ul> <li>(a) INDIVIDUAL by his or her completion of item 11.</li> <li>(b) PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP (LLP) by completion of item 12 by all partners, or one partner who attaches his/her authorization to act on behalf of all the partners unless this authorization is provided by State law.</li> <li>(c) CORPORATION or ASSOCIATION by completion of items 12 and 13, an officer authorized by supporting corporate or organizational documents (preferably the president, vice-president, or treasurer; or LLC member or manager), must sign in item 12.</li> <li>(d) ESTATE by completion of item 12 by the executor or administrator and attaching other such documents as may be required by TTB.</li> <li>(e) LIMITED LIABILITY COMPANY (LLC) by completion of item 12 by all members or managers, or one member or manager who attaches his/ her authorization to act on behalf of the LLC.</li> </ul> </li> <li>FILING. This form must be completed in duplicate, unless otherwise required, and submitted to the Director, National Revenue Center,550 Main St., Ste. 8002, Cincinnati, OH 45202-5215. The original with any attachments will be returned by the Director, National Revenue Center, and all other copies will be returned to the principal. If the power of attorney is applicable to more than one business establishment, additiona copies must be submitted for each.</li> </ol>				he power h 8(a) incipal(s) y hes this and 13, rer; or rator and 2 by all hes his/ ise ,550 n any enter, of	copies of the original. 5. ORIGINAL OF A RULING. The Alcohol and Tobacco Tax and T				
			Pri	vacy Act	Info	ormation			
1.	Administration	Privacy Act Information AUTHORITY. TTB requests the information on this form to carry out the requirements of the Internal Revenue Code of 1986 and the Federal Alcohol Administration Act since signatures are required on various returns and other documents required by those laws. See, 26 U.S.C. 6061(a) and 27 U.S.C.							
2.	204(c). The provision of the information on this form is voluntary. PURPOSES. TTB collects the information on this form to ensure that only duly authorized individuals are signing documents submitted to TTB and to								
3		tent of the design	-	leterminat	ition	s set forth in paragraph 2 above TTR	officers may disclose the information		

- to individuals to verify its accuracy where such disclosure is not prohibited by law. TTB officers may also disclose this information to other Federal, State, foreign, or local law enforcement and regulatory agency personnel for purposes of enforcement of the laws of such other agencies where not otherwise prohibited by law. The information may be disclosed to the Justice Department if the information appears to be false or misleading. EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED. Although the provision of the information on this form is voluntary, TTB may delay or
- 4. deny the approval of the form where information is not complete or missing.
- DISCLOSURE OF EMPLOYER IDENTIFICATION NUMBER AND SOCIAL SECURITY NUMBER. You do not have to supply these numbers. These 5. numbers are used to identify an individual or business. If you do not supply the numbers, however, processing may be delayed.