Corey Eib c/o 16045 Sherman Way #H-63 Van Nuys, California Non-Domestic

CA Board of Equalization
Santa Clarita District Office
Attn: Richard Selle
C/O Executive Offices Gov. Jerry Brown
444 N Capitol Street NW
Washington, District of Columbia 20001

RE:

CA BOE REGISTRATION ID # 1304920 EIB, COREY BRANDON - REGISTRANT

Dear Mr. Selle,

I am writing to you by authority of a Power of Attorney on file at the BOE for the above referenced registration number. During a recent conversation you requested I provide identification. I would come to your office to bring this item in, however I don't plan on being in the United States in the near future, please note the location and postage affixed to this envelope as evidence of my absence from the United States.

Enclosed please find a copy of my passport bio metric page which matches my name in the specific sequence of Given Name and Surname as listed on the Power of Attorney presently on file at the BOE.

If you have any questions you may contact the business directly at 949-334-7702, or my mobile number at 818-207-9028. Acknowledgement of receipt is requested.

Thank you.

Sincerely

cc: CA BOE Sacramento

enc. Scan copy of USA Passport #503438315

BOE-392 (2 pages)



BOE-392 (FRONT) REV. 9 (3-11) POWER OF ATTORNEY

STATE OF CALIFORNIA
BOARD OF EQUALIZATION
FRANCHISE TAX BOARD
EMPLOYMENT DEVELOPMENT DEPARTMENT

Check below to indicate the appropria STATE BOARD OF EQUALIZATION PO BOX 942879 SACRAMENTO CA 94279-0001 800-400-7115	FRANCHISE PO BOX 282	TAX BOARD 8 MS F263 ORDOVA CA 967		EMPLOYMENT DEVELO PO BOX 826880 MIC 28 SACRAMENTO CA 9428 916-654-7263 • FAX 91	PMENT DEPARTMENT 0-0001
TAXPAYER S NAME		SINESS OR CORPOR	ATION NAME	TELEPHONE NUMBER	FAX NUMBER
EIB, COREY BRANDON	1.7	USTINTYME		(949) 334-7702	()
SOCIAL SECURITY NUMBER	FEDERAL EMPLOYER DENTIF	CATION NUMBER(S)	CALIFORNIA SECRET	ARY OF STATE NUMBER(S)	
547-69-2774 BOARD OF EQUALIZATION ACCOUNT/PERMIT(S)	<u> </u>		EDO EMPLOYER ACI	COUNT NUMBER	
MAILING ADDRESS (Number and Street, City, State, 16045 SHERMAN WAY #H-63 V					1000 100 100 100 100 100 100 100 100 10
☑ INDIVIDUAL ☐ PART	TNERSHIP	CORPORAT	ON	LIMITED LIABILITY	COMPANY
CTHER		***			····
As owner, officer, receiver, admin	istrator, or trustee for	r the taxpayer	or as a party t	o the tax or fee matter	before the:
State Board of Equalization	Franchise Tax	p		Development Departm	
Thereby appoint: fenter below the in – do not enter names of accounting					ber(s) and fax number(s
APPOINTEE NAME		APPOI	NTEE NAME	***************************************	
Corey Eib					
APPOINTER BUSINESS NAME (Fappingsbe)	the control of the co	APPOI	NTEE BUSINESS NAME	I // applicable)	
APPOINTEE ADDRESS (Aunitor and Street)		APPOI	NTEE ADDRESS (N. my	wrand Street	
c/o 16045 Sherman Way #H-63	*****************************				
Van Nuys Cal	iste) (ZIP Cox if Non D	omestic		(State)	(ZIP Cross)
***************************************	X NUMBER		HONE NUMBER	FAX NIMBER	
(949)334-7702 ()	()	()	
As attorney(s)-in-fact to represen	t the taxpayer(s) for t	he following t	ax or fee matte	rs: (specify type(s) of tax	ð
Franchise and Income Tax Law			yroll Tax Law		
Sales and Use Tax Law			enefit Reporting		
Use Fuel Tax Law			her: All matters		

SPECIFY THE TAX OR FEE YEAR(S) OR PERIOD(S	(IF ESTATE TAX, INDICATE DA	TE OF DEATH) (for B	oard of Equalization ar	d Franchise Tax Board purposes;	***************************************
The attorney(s)-in-fact (or any of the perform on behalf of the taxpayer powers granted)	them) are authorized, (s) the following acts	subject to re- for the tax or	ocation, to rec lee matters de	eive confidential tax in scribed above: check	iformation and to the box(es) for the
General Authorization (including Specific Authorization (selected)	ng all acts described b	pelow).			
☐ To confer and resolve any	assessment, claim or	collection of a	deficiency or o	ther tax or fee matter p	ending before the
identified agency and atter	rea and rollant about	armys inereto	or the specifie	d law identified above.	
☐ To receive, but not to endo☐ ☐ To execute petitions, claim	s for refund and/or an	o in payment in nendments the	u any retund of reto.	taxes, penalties or inte	erest.
To execute consents exten					
To execute closing agreem	onte undos contino 40	141 min maness	ment or determ	mauon of taxes.	
To execute settlement agre	omania indensity (13	or the Gar	norma Hevenue	and taxation Code.	
aeraement afte	witerita unuen adction	i ishhe of the	vamornia Hevel	nue and Taxation Corle	

(The back of this form must be completed)

Payroll Tax Law and Benefit Reporting.	to their mailing address for any and all	
☐ To execute settlement agreements under	er section 1236 of the California Unem	ployment Insurance Code.
To defegate authority or to substitute ar		
Other acts (specify):		
Franchise Tax Board (FTB) will send you and yo	our first rannocontative listed a convert	ETR computer generated natices as they
become available.	our mot representative votes a copy or	1 10 company generalization necessary
Check this box if you do not want FT8 representative listed.	to send copies of available FTB comp	uter generated notices to your first
(Note: Not all FTB processing systems as	re capable of generating representative	copies at this time.)
This Power of Attorney revokes all earlier the Employment Development Department, o periods covered by this form, except for the earlier power(s))	or the Franchise Tax Board as identifi	ed above for the same matters and years o
NAME		DATE POWER OF ATTORNEY GRANTED
ADDRESS (Number and Street, City, State, ZIF Code)		
ADDRESS planter and Street, City, State, 2P Code) Unless limited, this Power of Attorney will rem [specify expiration date if limited term]	nain in effect until the final resolution	of all tax matters specified herein.
Unless limited, this Power of Attorney will ren		of all tax matters specified herein.
Unless limited, this Power of Attorney will rem [specify expiration date if limited term]	erns a joint return, both spouses must atters partner/person, executor, receiv	sign if joint representation is requested. If you
Unless limited, this Power of Attorney will rem [specify expiration date if limited term] TIME LIMIT/EXPIRATION DATE (for Board of Equalization and Franch Signature of Taxpayer(s)—If a tax matter conce are a corporate officer, partner, guardian, tax ma or trustee on behalf of the taxpayer, by signing	erns a joint return, both spouses must atters partner/person, executor, receiv this Power of Attorney you are certifyi	sign if joint representation is requested. If you er, registered domestic partner, administrator ing that you have the authority to execute this
Unless limited, this Power of Attorney will rem [specify expiration date if limited term] TIME LIMIT/EXPIRATION DATE (for Board of Equalization and Franch Signature of Taxpayer(s)—If a tax matter conce are a corporate officer, partner, guardian, tax m or trustee on behalf of the taxpayer, by signing form on behalf of the taxpayer. IF THIS POWER OF ATTORNEY IS NOT SIGNE SIGNATURE	erns a joint return, both spouses must atters partner/person, executor, receiv this Power of Attorney you are certifyi	sign if joint representation is requested. If you er, registered domestic partner, administrator ing that you have the authority to execute this
Unless limited, this Power of Attorney will rem [specify expiration date if limited term] TIME LIMIT/EXPIRATION DATE (for Board of Equalization and Franch Signature of Taxpayer(s)—If a tax matter conce are a corporate officer, partner, guardian, tax m or trustee on behalf of the taxpayer, by signing form on behalf of the taxpayer. IF THIS POWER OF ATTORNEY IS NOT SIGNE SIGNATURE COREY BRANDON EIB	erns a joint return, both spouses must atters partner/person, executor, receiv this Power of Attorney you are certifyi	sign if joint representation is requested. If you rer, registered domestic partner, administratoring that you have the authority to execute this possible. It will be returned as invalid
Unless limited, this Power of Attorney will rem [specify expiration date if limited term] Time LIMIT/EXPIRATION DATE (for Board of Equalization and France) Signature of Taxpayer(s)—If a tax matter conce are a corporate officer, partner, guardian, tax may or trustee on behalf of the taxpayer, by signing form on behalf of the taxpayer. IF THIS POWER OF ATTORNEY IS NOT SIGNE SIGNATURE COCEY BRANDON EIS PRINT NAME	erns a joint return, both spouses must atters partner/person, executor, receiv this Power of Attorney you are certifyi	sign if joint representation is requested. If you rer, registered domestic partner, administratoring that you have the authority to execute this DIVIDUAL, IT WILL BE RETURNED AS INVALID DATE 3-14-2016 TELEPHONE
Unless limited, this Power of Attorney will rem [specify expiration date if limited term] Time Limit/expiration date (for Board of Equalization and France) Signature of Taxpayer(s)—If a tax matter conce are a corporate officer, partner, guardian, tax may or trustee on behalf of the taxpayer, by signing form on behalf of the taxpayer. IF THIS POWER OF ATTORNEY IS NOT SIGNE SIGNATURE COLEY BRANDON EIB PRINT NAME EIB, COREY BRANDON	erns a joint return, both spouses must atters partner/person, executor, receive this Power of Attorney you are certifying AND DATED BY AN AUTHORIZED IN	sign if joint representation is requested. If you rer, registered domestic partner, administratoring that you have the authority to execute this DIVIDUAL, IT WILL BE RETURNED AS INVALID DATE 3-14-2016 TELEPHONE (949) 334-7702
Unless limited, this Power of Attorney will rem [specify expiration date if limited term] Time Limit/expiration date if limited term] Signature of Taxpayer(s)—If a tax matter conce are a corporate officer, partner, guardian, tax may or trustee on behalf of the taxpayer, by signing form on behalf of the taxpayer. IF THIS POWER OF ATTORNEY IS NOT SIGNE SIGNATURE COLEY BRANDON EIS PRINT NAME EIB, COREY BRANDON SIGNATURE	erns a joint return, both spouses must atters partner/person, executor, receiv this Power of Attorney you are certifyi	sign if joint representation is requested. If you rer, registered domestic partner, administratoring that you have the authority to execute this DIVIDUAL, IT WILL BE RETURNED AS INVALID DATE 3-14-2016 TELEPHONE
Unless limited, this Power of Attorney will rem [specify expiration date if limited term] Time Limit/expiration date (for Board of Equalization and France) Signature of Taxpayer(s)—If a tax matter conce are a corporate officer, partner, guardian, tax may or trustee on behalf of the taxpayer, by signing form on behalf of the taxpayer. IF THIS POWER OF ATTORNEY IS NOT SIGNE SIGNATURE COLEY BRANDON EIS PRINT NAME	erns a joint return, both spouses must atters partner/person, executor, receive this Power of Attorney you are certifying AND DATED BY AN AUTHORIZED IN	sign if joint representation is requested. If you rer, registered domestic partner, administratoring that you have the authority to execute this DIVIDUAL, IT WILL BE RETURNED AS INVALID DATE 3-14-2016 TELEPHONE (949) 334-7702