POWER OF ATTORNEY BEFORE PAAB

NOTE: A power of attorney may be effective only for the proceeding before PAAB and for the period of the current assessment being protested.

TAXPAYER INFORMATION. Taxpayer(s) must sign and date this form.	
Taxpayer name or company legal name CARLETON LIFE SUPPORT SYSTEMS	
Mailing address 2734 HICKORY GROVE ROAD	
City, State, Zip DAVENPORT, IA 52804	
Daytime Telephone Number	Email

REPRESENTATIVE(S).	
Name Daniel J. Roche	Firm or Company's Legal Name DuCharme, McMillen & Associates, Inc.
Mailing address 4225 Naperville Road, Suite 100	
City, State, Zip Lisle, IL 60532	
Daytime Telephone Number (630) 248 - 8253	Email droche@dmainc.com

Name	Firm or Company's Legal Name
Mailing address	
City, State, Zip	
Daytime Telephone Number	Email

Attach a list for additional representatives.

The representatives are hereby appointed as attorney(s)-in-fact to represent the taxpayer(s) before PAAB for the following matter(s).

MATTER(S).	Assessment Year
Real Estate Appeal to the PAAB for 2015	2015

ACTS AUTHORIZED.
The representatives are authorized to receive, inspect, and provide confidential information related to the above matter(s) and to perform any and all acts that can be performed with respect to these matters; for example, negotiate the authority to sign any agreements, consents, or other documents, and to represent the taxpayer(s) in any hearing before PAAB. The authority does not include the power to substitute another representative, unless specifically added below. List any specific additions or deletions to the acts otherwise authorized in this power of attorney.

Additions:

_____

Deletions:

_____

NOTE: In the case of a partnership, a power of attorney must be executed by all partners, or if executed in the name of the partnership, by the partner or partners duly authorized to act for the partnership, who must certify that the partner(s) has such authority.

NOTICES AND COMMUNICATIONS.
Original notices and other written communications will be sent to the first representative listed.

RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY.
The filing of this power of attorney revokes all earlier power(s) of attorney on file with PAAB for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here: ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

SIGNATURE OF TAXPAYER.

Signature: [illegible], VP of FINANCE

Date: 06/24/2015

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL NOT BE VALID, AND THE FORM WILL BE RETURNED TO YOU.

This form must be filed with PAAB and sent to the opposing party.

Property Assessment Appeal Board
PO Box 10486 – Des Moines, IA 50306
(515) 725-0338
paab@iowa.gov