Form 2848 (Rev. 1-2	021)				Page 2	
payment	Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.					
List any o	ther specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):					
with the attorney	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. 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.					
even if t (or desig	Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representativ (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authorit to execute this form on behalf of the taxpayer.					
► IF NC	T COMPLETED, SIGNE	D, AND DATED, THE IRS WILL F	RETURN THIS POWER O	FATTORNEY TO THE TAXPAYER.		
Palal, L Lavall		4/1	4/17/2024			
Robely te (Signature	·····	Date	Title (if applicable)		
B - b - 1						
Robely K	LOVEII Print name		Print name of ta	axpayer from line 1 if other than individua	 al	
Part II D	eclaration of Repre	sentative				
	of perjury, by my signature					
•		from practice, or ineligible for prac	tice, before the Internal Re	evenue Service;		
		(31 CFR, Subtitle A, Part 10), as amer				
I am authorized	to represent the taxpayer	identified in Part I for the matter(s)	specified there; and			
I am one of the f	ollowing:					
a Attorney—a	member in good standing	g of the bar of the highest court of t	the jurisdiction shown belo	ow.		
b Certified Pub	lic Accountant—a holder	of an active license to practice as a	certified public accountant	t in the jurisdiction shown below.		
c Enrolled Age	nt—enrolled as an agent	by the IRS per the requirements of (Circular 230.			
d Officer—a b	ona fide officer of the taxp	ayer organization.				
e Full-Time Em	ployee—a full-time emplo	oyee of the taxpayer.				
f Family Memb	er—a member of the taxpa	yer's immediate family (spouse, pare	ent, child, grandparent, gran	dchild, step-parent, step-child, brother, or	sister).	
	uary—enrolled as an actua action 10.3(d) of Circular 2		ment of Actuaries under 2	9 U.S.C. 1242 (the authority to practice be	efore the IRS is	
and signed t a valid PTIN;	he return or claim for refu and (4) possesses the req	nd (or prepared if there is no signat	ure space on the form); (2	eparer may represent, provided the prep) was eligible to sign the return or claim f See Special Rules and Requirements for	or refund; (3) has	
, ,		receives permission to represent ta LITC or STCP. See instructions for Pa		virtue of his/her status as a law, business, tion and requirements.	or accounting	
	rement Plan Agent—enro vice is limited by section 2		ler the requirements of Cir	cular 230 (the authority to practice befor	e the Internal	
► IF THIS	DECLARATION OF RE		PLETED, SIGNED, AND TED IN PART I. LINE 2.	DATED, THE IRS WILL RETURN T	HE POWER OF	
		position, or relationship to the tax		sdiction" column.		
	Licensing jurisdiction					
Designation— Insert above lett (ɑ-r).	(State) or other	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date	

Form **2848** (Rev. 1-2021)