Date:

## **Letter of Attorney**

| requ           |                     | below hereby authorizes the following representative to in Electric for thea. |  |
|----------------|---------------------|---|--|
| Representative |                     |   |  |
|                | Full name           |   |  |
|                | Address             | Zip code:   |  |
|                | Telephone number    |   |  |
| Principal      |                     |   |  |
|                | Full name           |   |  |
|                | Address             | Zip code:   |  |
|                | Telephone<br>number |   |  |