New York State Department of Motor Vehicles

POWER OF ATTORNEY FOR CORPORATIONS

Know all men by these presents tha	t	
Salvatore LoCicero		
(Attorney in fact. Print nam	e) (Attorney in fact. Sign name)	
Whose true signature here appears	, is hereby constituted the true and lawful attorney in fact of	
(Name of assessmention)	(Address)	(7: (1-)
(Name of corporation)	(Address) ration applications for the registrations of vehicles owned by	(Zip Code)
_		
-	nsfer of ownership, certificates of sale and bills of sale for rporation and any statements or reports required to be filed by	
said corporation with the Departm		
said toi poration with the Departin	ent of Motor Venicles.	
In witness whereof said co	rporation has caused these presents to be signed by its:	
in withess whereof said to	r poracion has caused these presents to be signed by its.	
	on this day:	201
(Your Title)		
` '		
_		
	(Officer of the firm. PRINT name in full)	
_		
	(Officer of the firm, SIGN name in full)	
STATE OF	ss:	
COUNTY OF		
	201 Before me the subscriber pe	rsonally appeared.
	My Commission Expires	
(Notary Public)	(Da	
((2	,